GLOBAL TRUTH

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Breaking News:
Graphene Hydrogel & Quantum Dot Application could be injected via Covid-19 vaccination or via surgery
by: Celeste Solum
(click picture, then play once there)

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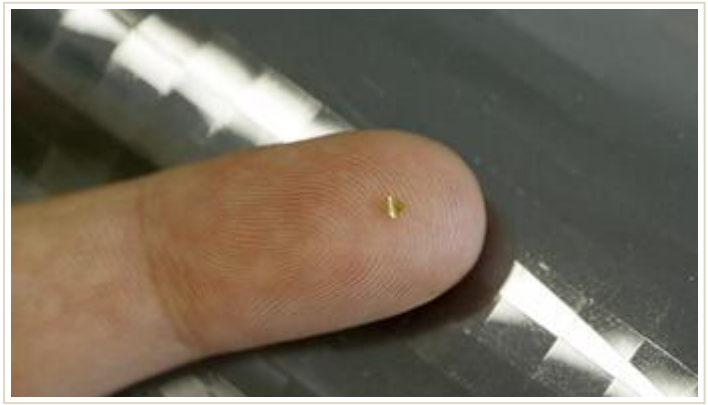

Microchips are getting under the skin of thousands in Sweden
https://www.euronews.com/2018/05/31/microchips-are-getting-under-the-skin-of-thousands-in-sweden
Here they are using gel to apply the quantum dots and graphene (used in pencils) , so (I think) they could hide the quantum dots on the cotton wool used to disinfect your arm before they insert the niddle with the vaccine.

https://www.researchgate.net/figure/ncorporation-of-quantum-dots-in-gels-a-PL-photograph-of-four-different-encapulated-QDs_fig10_4463063
Incorporation of quantum dots in gels: (a) PL photograph of four different encapulated QDs gels; (b) TEM image of the encapsulated QD523 nanocrystals in the fibril network; (c) Magnified TEM image showing the attachment of QDs to the fibril; (d) Emission spectra (l excitation = 365 nm) of the free QDs in toluene (solid line) and the encapsulated QDs in gel (dash dot).

Hydrogel encapsulation of quantum dots
https://en.wikipedia.org/wiki/Hydrogel_encapsulation_of_quantum_dots
---
Storing medical information below the skin's surface Specialized dye, **delivered along with a vaccine**, could enable "on-patient" storage of vaccination history.
https://news.mit.edu/2019/storing-vaccine-history-skin-1218
d Melinda Gates Foundation and the Koch Institute
Cancer Institute.

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whereby transdermal patches could be used to label people with invisible ink in order to store medical and other information subcutaneously. This was presented as a boon to "developing nations" where lack of infrastructure means an absence of medical records.[62][63] The technology, which is assigned to the Massachusetts Institute of Technology, uses a "quantum dot dye that is delivered, in this case along with a vaccine, by a microneedle patch." The research "was funded by the Bill and Melinda Gates Foundation and the Koch Institute for Integrative Cancer Research.
https://en.wikipedia.org/wiki/Quantum_dot#Subcutaneous_record-keeping

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RFID chips - Secretly forced brain implants

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wirelessly powered microimplant, the size of a grain of rice

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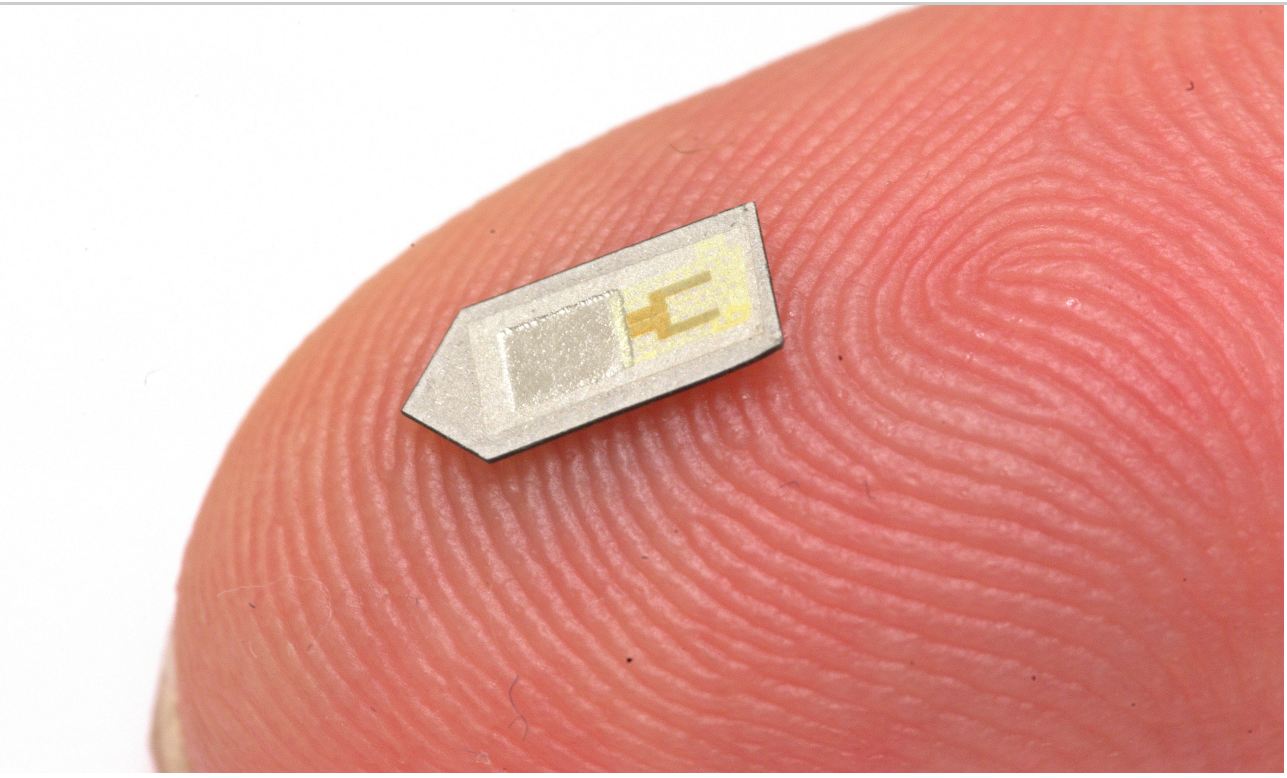
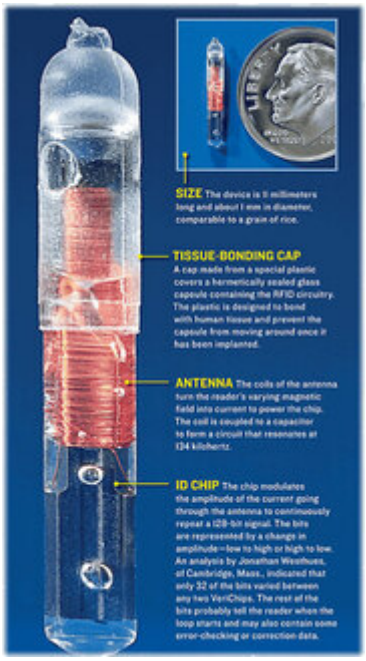


sensor that could monitor temperature and pressure in the skull following a brain injury, then dissolve into the body



physical trauma

"...All clinicians and physicians consulted by Mr. Walbert have confirmed the presence of RFID implants on his person through copious medical testing, including an MRI, toxicological

testing

lds of

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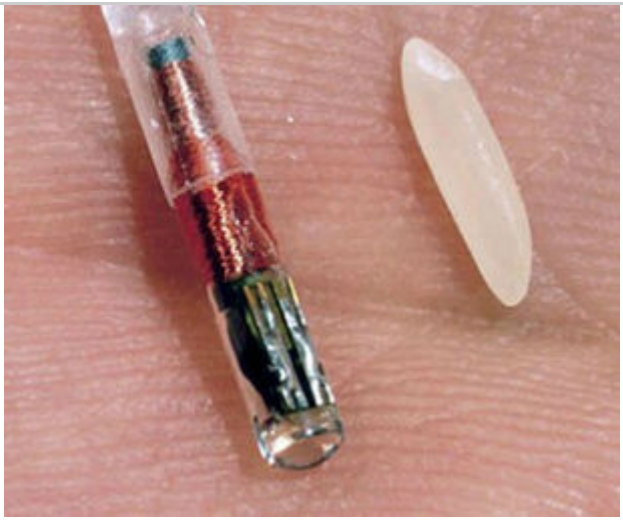
related to these implants as well as the locations of the implants themselves. Most notable of these professional assessments of Mr. Walbert are those by William Taylor, a recognized expert in the field of Technical Surveillance and Counter Measures (TSCM), Dr. Hildigard Staninger, industrial toxicologist, and Mr. Walbert's MRI…" (Melinda Kidder).



Radio Frequency Identification (RFID)

"…At first sight, this looks like a paranoid fantasy. The chips that are currently in use, like those implanted in pets (facing page; see 'Rover Come Home') do not emit signals themselves and can only be read from about a metre away, using a special scanner. Similar Radio Frequency Identification (RFID) chips are used for all sorts of commercial and industrial purposes, from tagging DVDs in the supermarket to pallets in a warehouse for stock control (FT206:14). Commercial devices for tracking individuals are much bigger. The tagging of offenders is becoming more sophisticated: a satellite tracking scheme to monitor the movements of violent offenders with mental health problems is currently being tested with psychiatric patients on leave from Bethlem Royal Hospital, a secure hospital in south-east London. Newspaper articles might imply that the system allows minders to gaze down on their charges from spy satellites, in line with Hollywood's preferred way of depicting high-tech surveillance. In fact, the ankle tag works much more like a typical smart phone. It uses the satellite-based GPS system to establish its own location, and then contacts a central base via the mobile phone network and transmits this information. This way the location of the patient can be monitored continuously…"

electronic harassment

"…The U.N. is also now taking the possibility of electromagnetic terrorism against people seriously. And for the first time this year's European Symposium on Non-lethal Weapons included a session on the social implications of non-lethal weapons, with specific reference to "privacy-invasive remote interrogation and behavioral influence applications." Those who believe they are being targeted are getting a bit of official recognition. For some, this opens up a new business opportunity. There are already quite a few companies out there offering "Technical Surveillance Counter Measures," or sweeps to determine if you are the victim of electronic harassment. As well detecting the usual bugging devices, they can check if you are being covertly bombarded by microwaves which may be the cause of "headache, eye irritation, dizziness, nausea, skin rash, facial swelling, weakness, fatigue, pain in joints and/or muscles, buzzing/ringing in ears." Much of this trade may come from people with symptoms caused by something less exotic than high-tech military hardware. But companies will no doubt be willing to sell them expensive protection measures, anyway. And as awareness of these developing technology projects increases, we are likely to be hearing a lot more about "electronic [illegible] over the next few years…" (Court to Defendant: Stop

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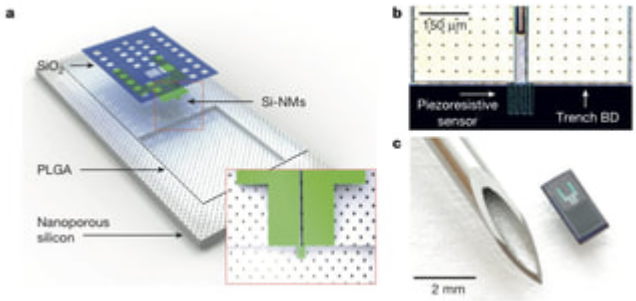

Dissolvable implants to monitor brain injuries

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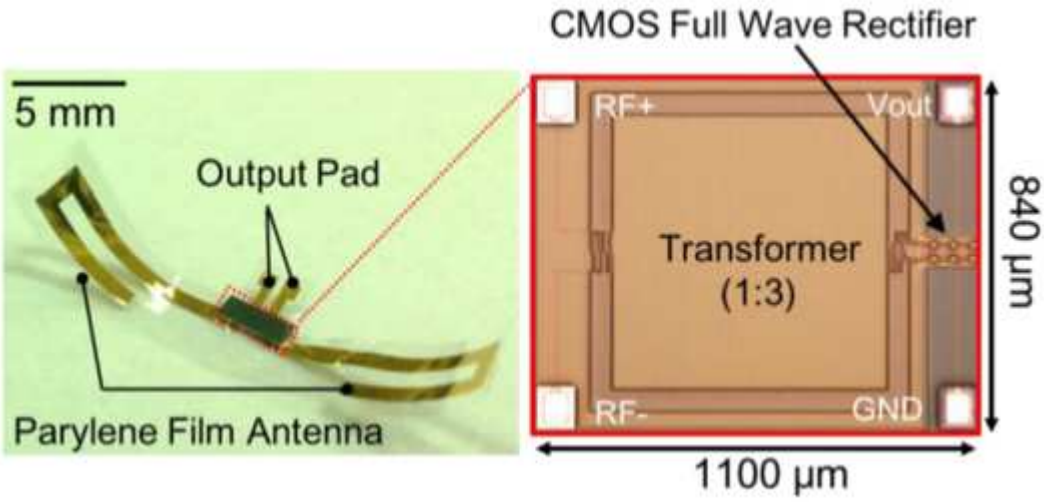

Brain Machine Interfaces Go Wireless

Click picture for the article or click Here

Co-Design Method and Wafer-Level Packaging Technique of Thin-Film Flexible Antenna and Silicon CMOS Rectifier Chips for Wireless-Powered Neural Interface Systems

Kenji Okabe [1], Horagodage Prabhath Jeewan [1], Shota Yamagiwa [1], Takeshi Kawano [1], Makoto Ishida [1,2] and Ippei Akita [1,*]

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Academic Editor: Hung Cao

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Abstract: In this paper, a co-design method and a wafer-level packaging technique of a flexible antenna and a CMOS rectifier chip for use in a small-sized implantable system on the brain surface are proposed. The proposed co-design method optimizes the system architecture, and can help avoid the use of external matching components, resulting in the realization of a small-size system. In addition, the technique employed to assemble a silicon large-scale integration (LSI) chip on the very thin parylene film (5 µm) enables the integration of the rectifier circuits and the flexible antenna (rectenna). In the demonstration of wireless power transmission (WPT), the fabricated flexible rectenna achieved a of 3 cm between antennas. In addition, WPT with radio waves allows a

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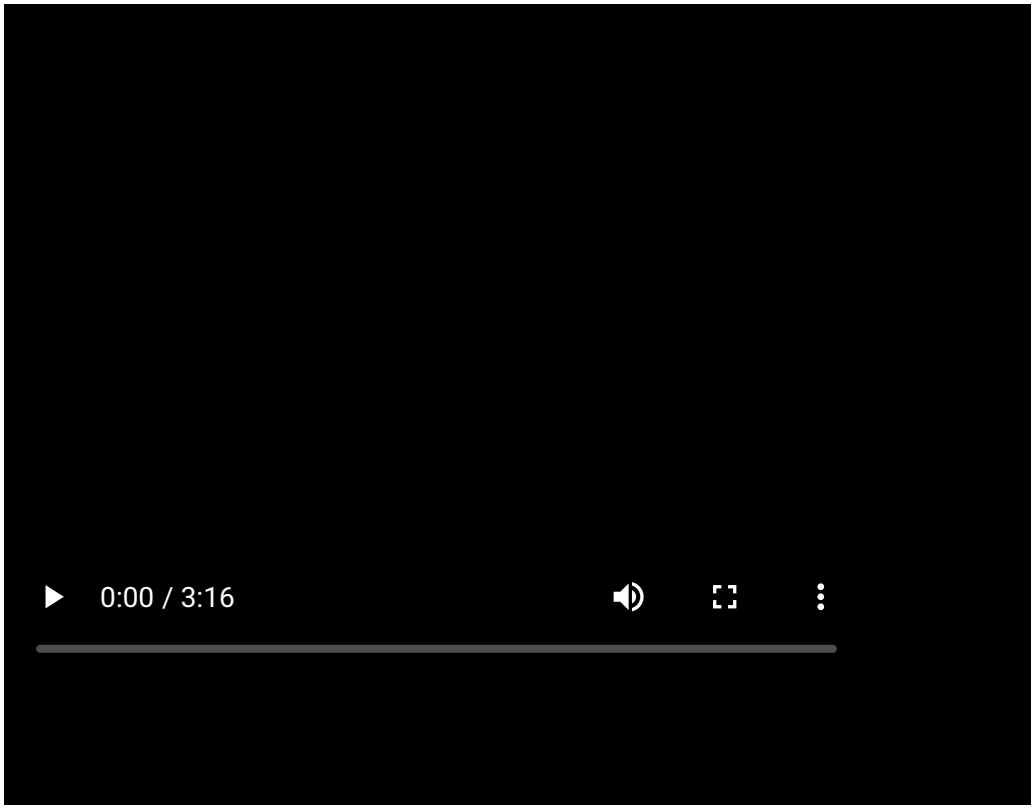
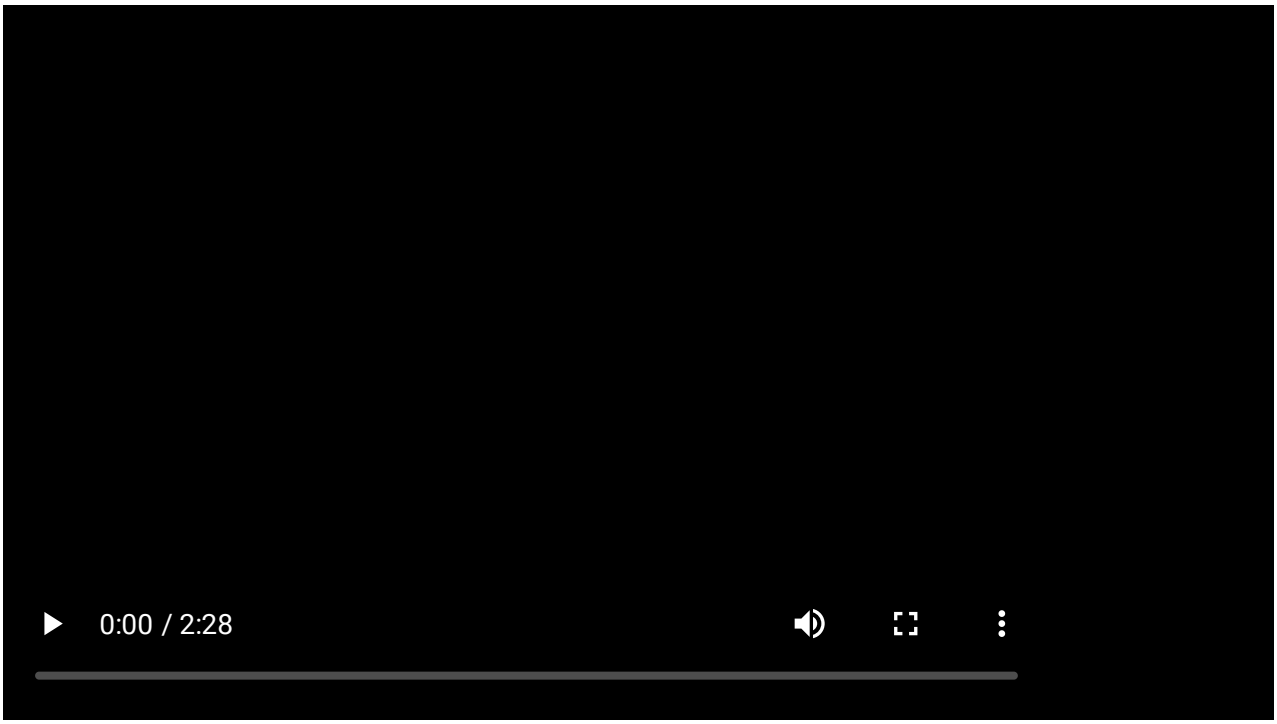
Schizophrenia doesn't let you hear threatening voices like "..I want to kill your family" like in his case but only voices !





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Brain Chips, Mind Control, & Antidepressants - Dr. Peter Breggin

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Also read this shocking information below or from here --- read this story and what happened to this person and the answers

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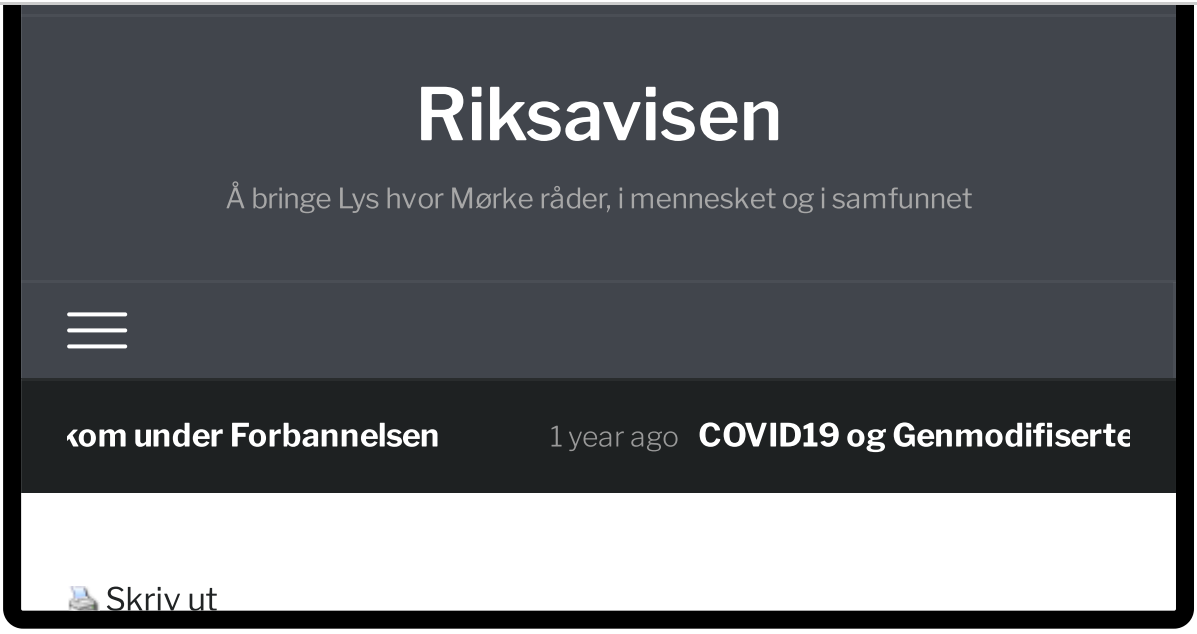

.. a testimony -- full story Here

... After more than three years in Mexico, I moved back to the United States. Although the continual harassment was not the cause of my return, it was indeed a factor. The electronic torture and attempted mind control did not stop at the border. After my return to the U. S., the terrorism continued. Based on advice that I found in various sources, I experimented with several methods of nullifying the effects of the electronic torture and attempted mind control. I encased my head with aluminum foil while I slept. I installed chicken wire on all sides, top, and bottom of my bed. I exposed myself during lightening and thunder storms. None of those measures proved effective in countering the torture and mind control activities. But eventually I shall find that way, and when I do, I will share it with the world....

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RFID antenna for in body device.

RFID antennas for ingestible devices, such as ingestible event markers, are provided. Aspects of the ingestible devices of the invention include RFID signal transmission antennas with a battery that is activated upon being exposed to fluid in the body. Embodiments of the RFID antennas are configured to emit a detectable signal upon contact with a target physiological site. Embodiments of the invention are characterized by having an RFID tag that is readable only upon activation of a battery by contact with a target physiological site, e.g., the stomach. Also provided are methods of making and using the devices of the invention.

Aspects of the invention include the ability of the RFID antenna to receive an input signal from a reader or from a connected battery. Embodiments include RFID antennas with a power source, e.g. a battery, which is only activated on contact with fluid in the body. In some embodiments, the RFID antenna can conform to the dimensions of the pill prior to ingestion. In some embodiments, the antenna structure can be folded, rolled, coiled, or otherwise adjusted to fit on or inside a carrier structure. Upon ingestion of the carrier structure, the carrier structure can degrade in some manner, e.g., by being dissolved or physically eroded. In some embodiments, the RFID antenna is then activated, such as by contact with fluid in the body.

In some embodiments, the antenna and associated chip are printed on a biocompatible substrate. The antenna can be integrated into the carrier composition itself through a manufacturing process. This can involve use of a mold, or other methods. The antenna and associated chip can be added in a post-processing step, through circuit printing or mechanical techniques, among others.

The RFID antenna of the invention can be utilized in many configurations and transmission methods. Examples include low frequency RFID using magnetic coupling, and high frequency RFID using electromagnetic radiative coupling.

Upon activation, a signal broadcasted from the identifier may be received by another device, e.g., a receiver, either inside or near the body, as described in greater detail below.

Follows: HERE

DR BARRIE TROWER

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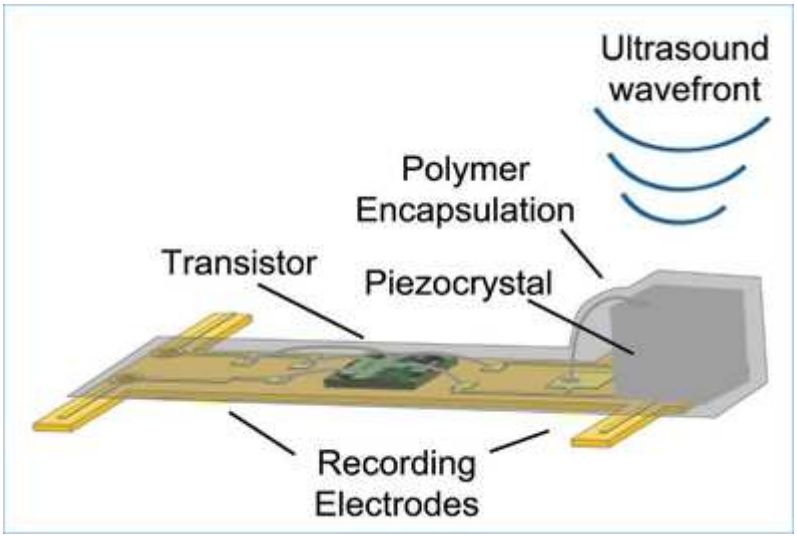
[redacted]

How it works



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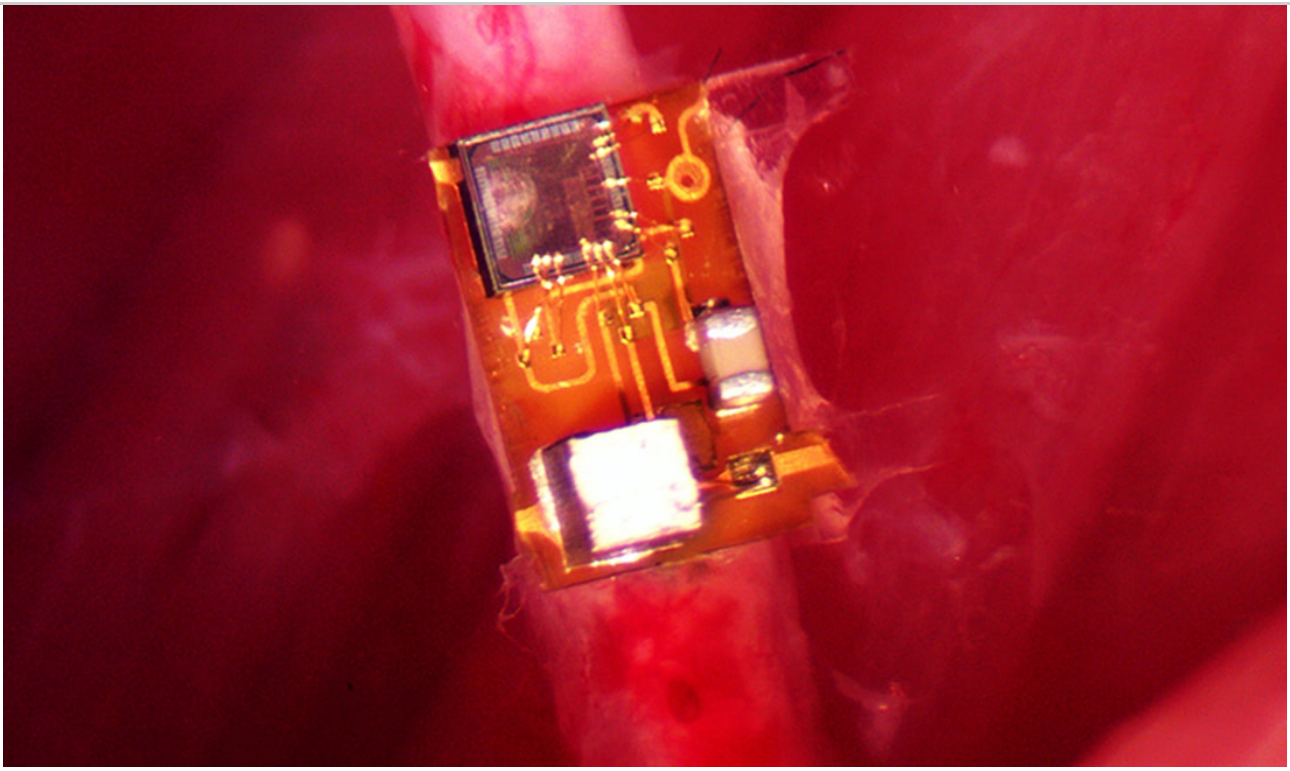

In 2016, UC Berkeley engineers demonstrated the first implanted, ultrasonic neural dust sensors, bringing closer the day when a Fitbit-like device could monitor internal nerves, muscles or organs in real time. Now, Berkeley engineers have taken neural dust a step forward by building the smallest volume, most efficient wireless nerve stimulator to date.

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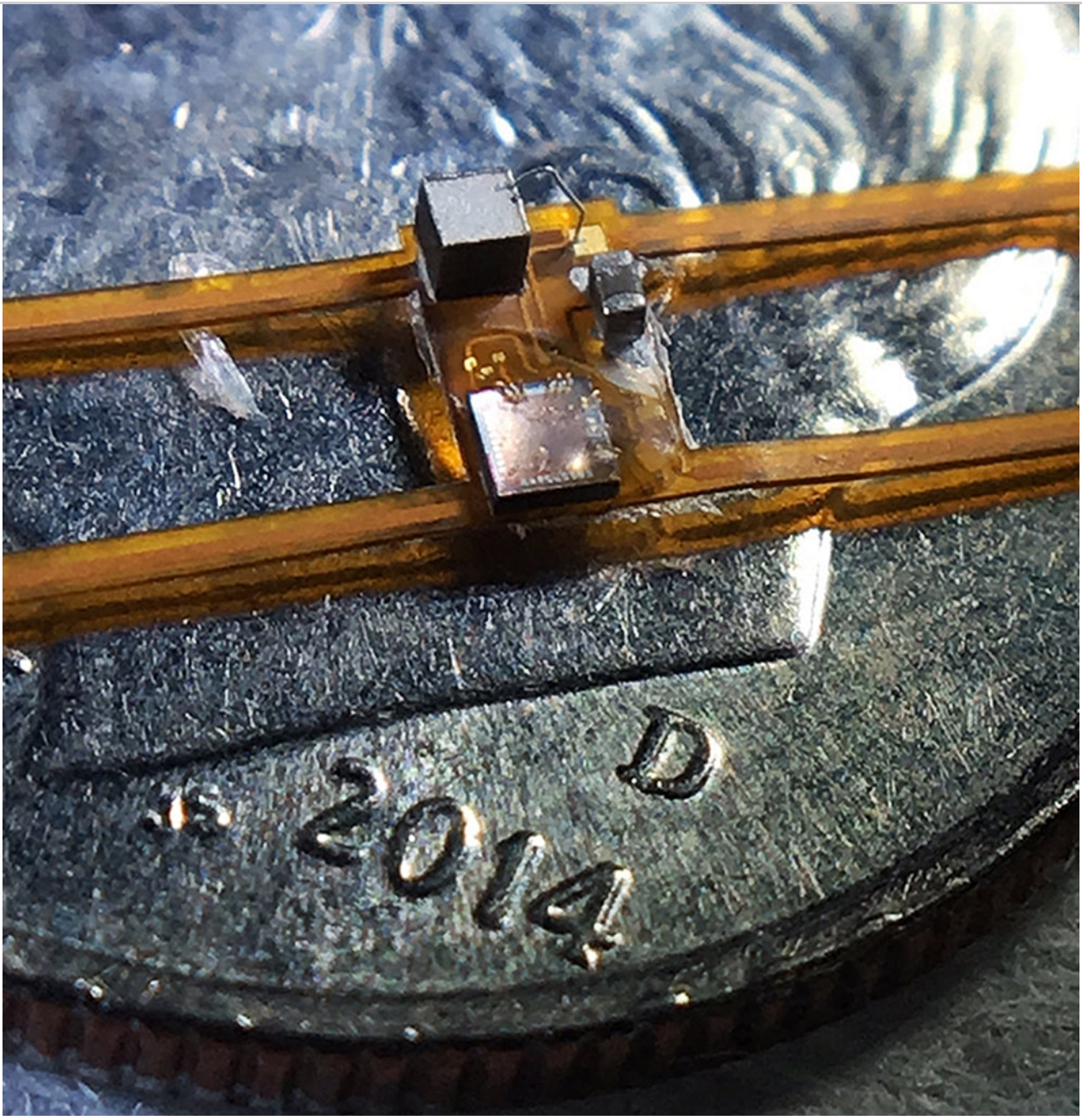

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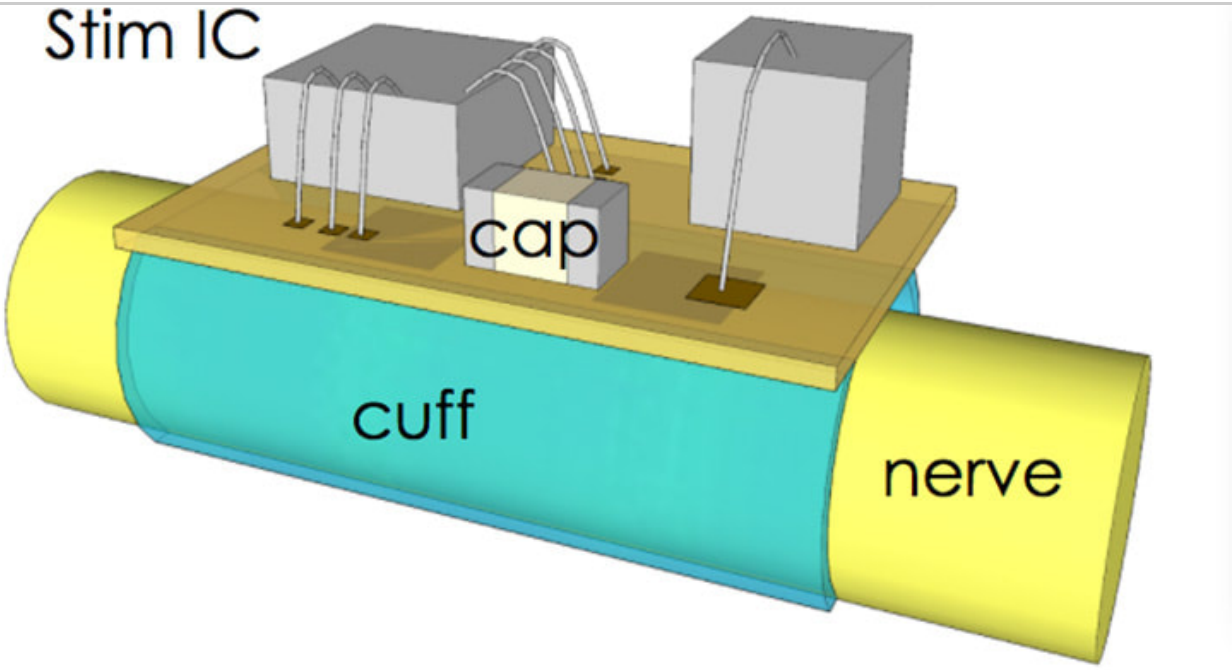

DARPA
Implantable "Neural Dust" Enables Precise Wireless Recording of Nerve Activity (original deleted Dapra article here)
First in vivo tests demonstrate ultrasound can be used to wirelessly power and communicate with millimeter-scale devices surgically placed in muscles and nerves

StimDust: A 6.5mm3 , Wireless Ultrasonic Peripheral Nerve Stimulator with 82% Peak Chip Efficiency

Barrie Trower Talks with victims of Non-Consensual Microwave and EMF Experimentation and Testing

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also listen at 14:30 for the effects of microwave

Mind Control: Testing Microchip Implant Victims, Jesse Beltran

2010-03-22_Jim_Guest_letter_re_implant_of_foreign_device.pdf
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february_5_james_walbert_medical_necessity_letter_damages2010.pdf
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walbert_letter_to_the_court.pdf
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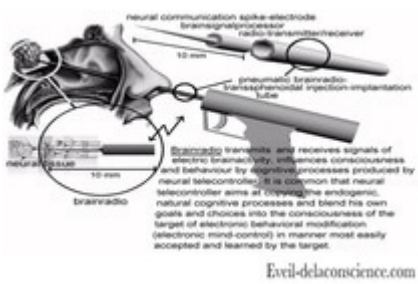
March 22, 2010

I have been acquainted with Mr. James Walbert for over three years and his personal struggle to get relief from the continuing electronic harassment, physical abuse and intimidation he is subjected to. I have complete confidence in the honesty and character of Mr. Walbert. He is an individual who is exhausting all avenues to get the RFID implanted device removed from his body. There is sound medical evidence and medical evaluation to verify that an implanted device does exist in the body of Mr. Walbert. Dr. John Hall, who is experienced in reading IVIRls, has confirmed that a foreign body, and most likely a microchip, is present in his body. The type of foreign bodies in Mr. James Walbert has also been confirmed by Dr. Hildigard Staninger, Industrial Toxicologist, of the Integrative Health Systems, LLC. Their evaluation confirms that it is a severe medical necessity to have these foreig n bodies removed for the safety of Mr. Walbert. This has also all been confirmed by William Taylor, a recognized expert in the field of Technical Surveillance and Counter Measures. Ms. Melinda Kidder, owner of Columbia Investigations, has investigated the claim and has been professionally involved in this matter and has found all reports, materials and claims to be factual and credible. To summarize, technicians, medical clinicians and 'physicians, private detective agencies and other mental health professionals have verified the accuracy of reports and MRI scans about James Walbert. This leaves us with one decision to be made and that is to have the implanted microchip removed from James Walbert's body. I implore those who have the experience and authority to remove this device or devices from the body of Mr. James Walbert as soon as possible.

It is a humanitarian issue to let Mr. James Walbert return to a normal life .



THIS DEVICE IS INSERTED THROUGH THE NOSE OR CONNECTED TO THE HYPOCANTHUS NERVE KNOWN AS THE NEURO BRAIN RADIO.

THIS DEVICE EXISTS AND IS BEING COVERTLY INSTALLED, IN MANY PEOPLE AROUND THE WORLD.

IT IS A CELLULAR DEVICE AND CAN BE UP-LINKED.

VICTIMS OF THIS HAVE NO PRIVACY OF THOUGHT AND ARE ABUSED BY OPERATORS TO TORTURE THE WEARER.

WE HAVE THE PROOF OF ITS EXISTENCE WITH EVIDENCE IN HAND,THE COURT SYSTEM WILL NOT HEAR THE CASES UNDER THE EXCUSE OF NATIONAL SECURITY, AND GOVERNMENT SECRECY LAWS, THAT PROTECT THESE TRAITOROUS CRIMINALS !

Wireless Brain Implant Using a Telemetric Electrode Array System

http://www.freedomfightersforamerica.com/illegal_biomedical_implantation_nanotech

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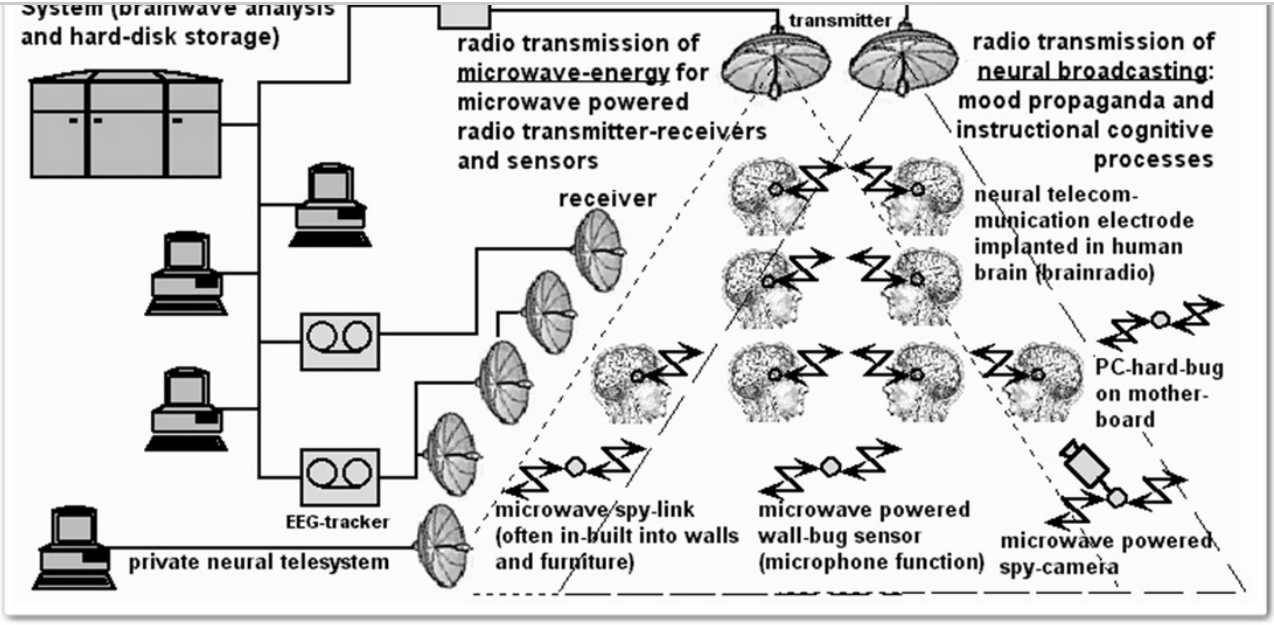

James Walbert, Electronic Harassment and Gang Stalking

[redacted]

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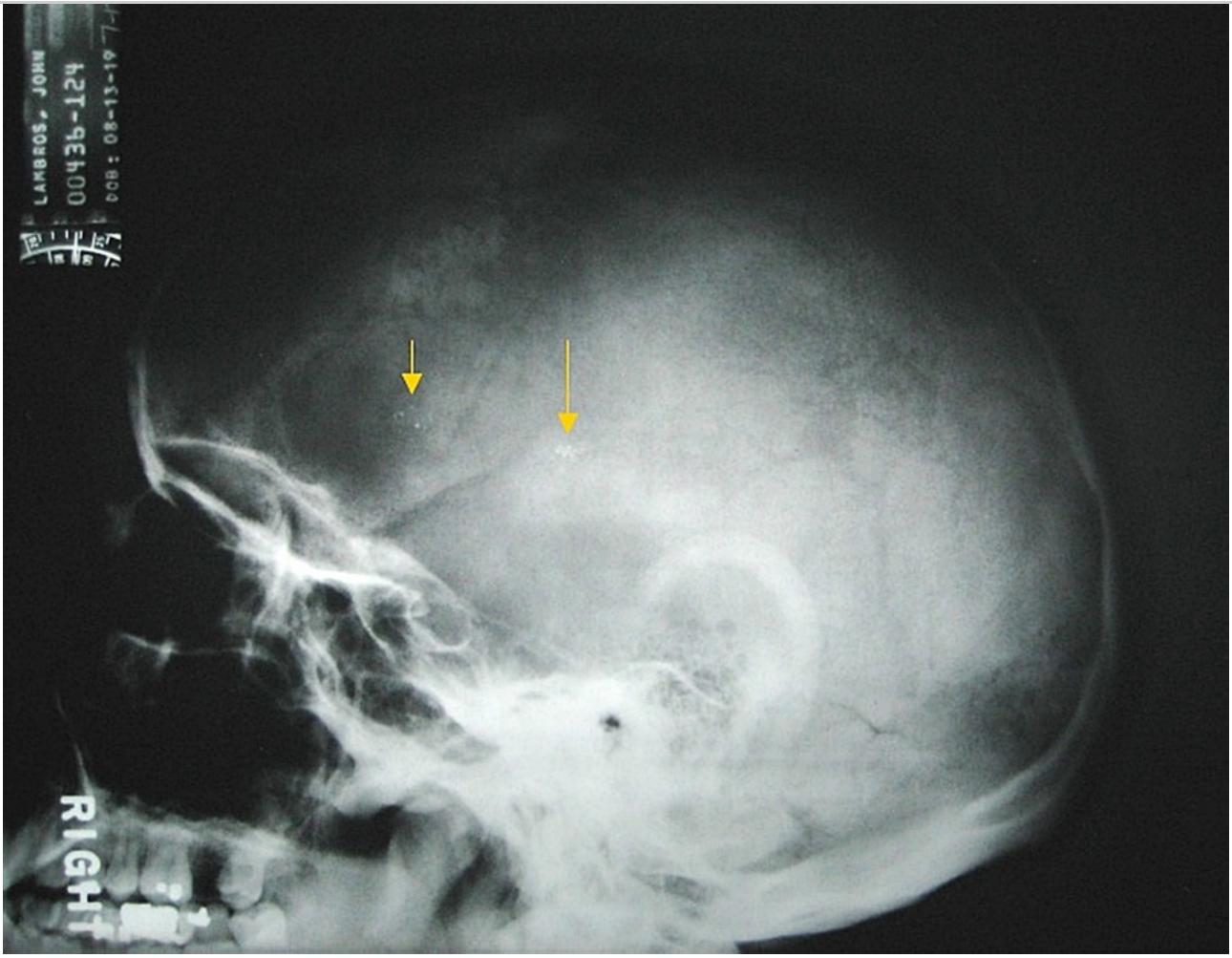

Biotelemetry Brain Implants • X-ray of possible electrode implants with labels • Physician's report • Attorney's letter to U.S. District Judge • Patient's request for assistance • X-ray of possible electrode implants without labels Figure 1 Lateral view skull x-ray of John G. Lambros on July 17, 1992. "Foreign bodies" Cluster 1 is inthe Speech Area (Broca's Area) and Cluster 2 is in the Hearing Area (Auditory Primary) of the brain.Cluster labels added. See Figure 2.

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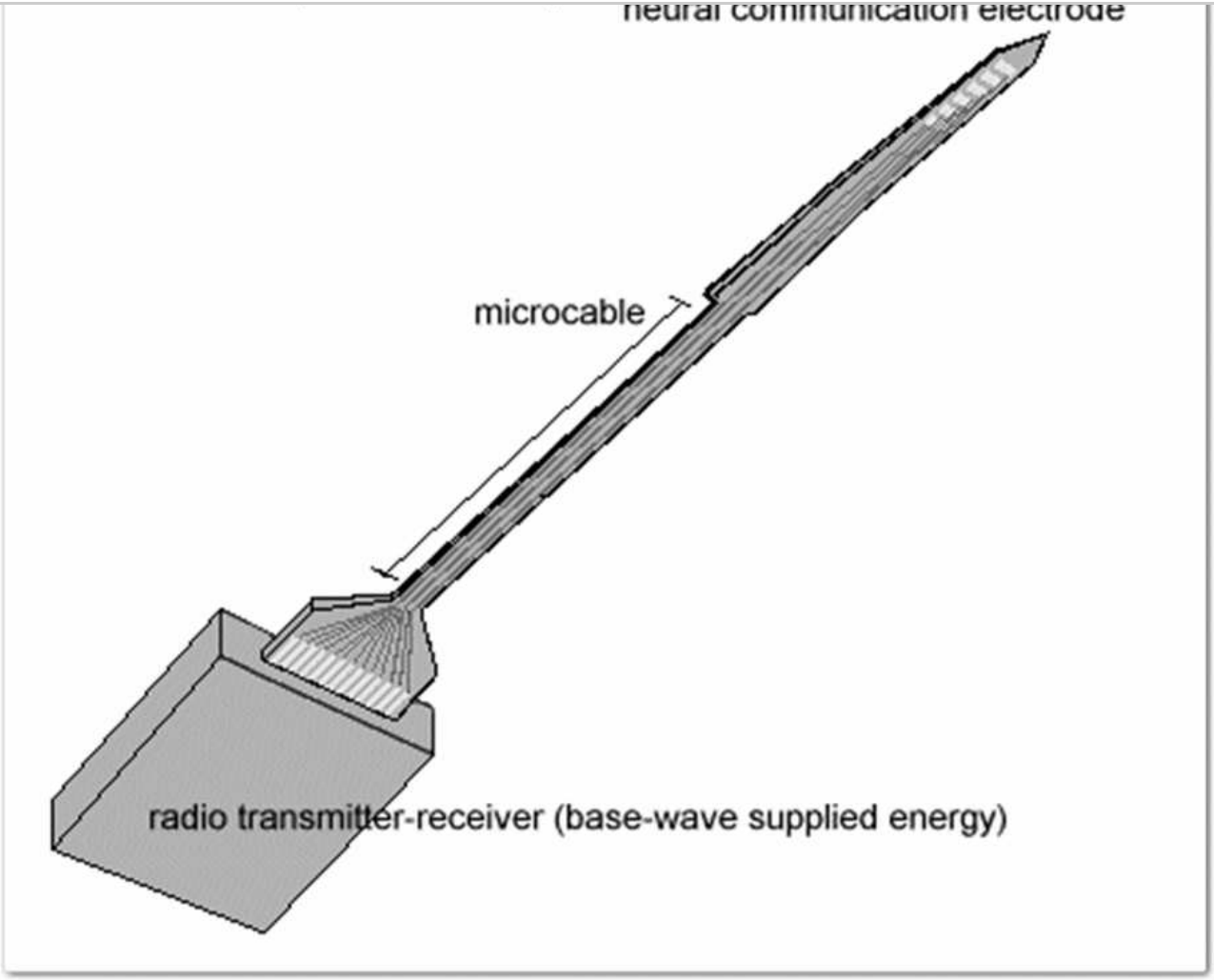

Berkeley engineers have built the first dust-sized, wireless sensors that can be implanted in the body, bringing closer the day when a Fitbit-like device could monitor internal nerves, muscles or organs in real time

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wirelessly powered microimplant

James Walbert is the victim of a new type of harassment. An electronic device embedded in his shoulder not only tracks his every move, it also causes painful muscle contractions. Walbert believes the device was covertly implanted to locate and torture him by remote control. There is no shortage of stories like this on the Internet, but what makes Walbert different from thousands of alleged victims of 'gang stalking' (FT228:18–19; 272:23) and electronic harassment is the hard evidence backing up his claims. His may be the case which finally pushes issues of unauthorised electronic implants into the mainstream.

Mr Walbert is not especially rich, famous or influential. He lives in the comparative obscurity of Wichita, Kansas, in the heart of rural America. He is not in conflict with drug cartels, nt agencies. This might make him an unlikely target for t has an array of supporters from scientific, medical

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The initial response to this sort of claim might be to question Walbert's sanity, but he has proven himself to be sane enough. A letter from Dr Jacque Blackman of the Wichita Clinic certifies that Walbert "has no mental problems". Dr Blackman states that while Walbert's claims might sound like paranoia, there is no mental illness involved. He seems sympathetic but baffled by the case; perhaps because the problem is outside the field of medicine.

Investigator William J Taylor has many years of experience in dealing with bugging technology, and is a recognised expert in the field of technical surveillance. He has been involved in a number of high-profile cases, including that of Karen Silkwood, the nuclear whistleblower who died in a car crash under mysterious circumstances in 1974. As part of his investigation into Walbert's claim, Taylor scanned him with two portable radio-frequency detection devices to pick up any emissions from implants.

Taylor's scans found "a low signal coming from Mr Walbert's right upper back area" according to his report. After further checking, this was confirmed to be a low-bandwidth but constant signal at around 288MHz. This is in the VHF band, used for commercial television, radio and other transmissions. There are plenty of portable devices which use this band, such as the micro-transmitters which let you listen to your MP3 player or your car radio. However, 288Mhz is in a wavelength reserved for military use in the US. It is employed for secure air-to-air and air-to-ground communications such as the HAVE QUICK system, which is almost universal in US military aircraft.

"I have seen similar signals in the past and just as recently as last month," Taylor told me. "I believe it can be used for both location, transmission and surveillance purposes."

The exact source of the transmission was identified with the aid of a Magnetic Resonance Imaging (MRI) scan, commonly used for getting very detailed images of a patient's body.

Dr John Hall of the Spine and Joint Institute in Texas has dealt with many patients who believe they are the victims of electronic harassment, from hearing voices to more obviously physical effects. He is in no doubt about Walbert's case, having studied the MRI scan, which in his view is "clearly showing a capsule-shaped foreign body in his right trapezius muscle".

How did Walbert come to be the victim of this type of harassment? Apparently, it started with an invention that Walbert patented in 2005. This was not a revolutionary power source that threatened the oil companies, but the 'Can-Kleen' – a vacuum-sealed covering that ensures the lid of a soft drink can stays clean and hygienic in spite of handling. Over a hundred billion cans of beverage are sold each year in the US alone, a nation that takes its hygiene very seriously. If the Can-Kleen took off, a royalty of a tenth of a cent per drink can, on a fraction of the cans sold, would be worth millions of dollars a year – forever.

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Kleen rights with a colleague. Such disputes

interest in the invention.

At first sight, this looks like a paranoid fantasy. The chips that are currently in use, like those implanted in pets (facing page; see 'Rover Come Home') do not emit signals themselves and can only be read from about a metre away, using a special scanner. Similar Radio Frequency Identification (RFID) chips are used for all sorts of commercial and industrial purposes, from tagging DVDs in the supermarket to pallets in a warehouse for stock control (FT206:14).

Commercial devices for tracking individuals are much bigger. The tagging of offenders is becoming more sophisticated: a satellite tracking scheme to monitor the movements of violent offenders with mental health problems is currently being tested with psychiatric patients on leave from Bethlem Royal Hospital, a secure hospital in south-east London. Newspaper articles might imply that the system allows minders to gaze down on their charges from spy satellites, in line with Hollywood's preferred way of depicting high-tech surveillance. In fact, the ankle tag works much more like a typical smart phone. It uses the satellite-based GPS system to establish its own location, and then contacts a central base via the mobile phone network and transmits this information. This way the location of the patient can be monitored continuously.

"It gives us confidence about the patient's whereabouts, that they're complying with their leave conditions," Professor Fahy, clinical director of forensic services at the South London and Maudsley NHS Foundation Trust, told the BBC. Orwellian as this type of tagging may sound, these are violent offenders with mental health problems, and there have been few objections.

SMARTWATER AND SPIKED SHAMPOO

An ankle tag is far larger that the implant in the Walbert case, but means of tagging a subject without them being aware are real enough. Security company SmartWater has a range of products used to mark property for later identification, and also for tagging people. According to their website, "The SmartWater Index Spray System will spray intruders with a water-based solution, which contains a unique 'forensic code'. This creates an irrefutable link between the criminal and the crime scene".

The spray is invisible but glows under ultraviolet light. According to the manufacturers, it cannot easily be washed off and will remain on hair, clothing and skin for weeks. The clever part is that the spray contains an identification code: any given spray can be uniquely traced back to a particular site, so the suspect cannot deny having been there. It's a great solution for dealing with armed robbers or burglars. The Index Spray could also be used in any situation where you wanted to covertly tag someone, say attendees at a demonstration, a political rally or other event. If the authorities want to track you without your knowledge, they have the technology.

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US Defense Threat Reduction Agency, set up to

applied to human hair, skin or other materials, via special lotions, soaps, or shampoos, to provide a persistent signature, and their corresponding detectors."

The intention here appears to be to spike the suspect's shampoo with something akin to SmartWater's Index Spray, and use long-range sensors to track them. This might, for example, be based on an ultraviolet (UV) laser that produced very short pulses. These would cause the tagging material to respond with a flash which would be too faint for the human eye to detect but which could be easily visible to special cameras.

There is also a market in military and intelligence circles for radio frequency tagging devices – something much closer to what we see in the Walbert case. An idea of the current state of the art is suggested by reports from Afghanistan, where locals in the employ of the CIA have allegedly marked targets for drone strikes by placing tiny 'beacons', small enough to fit in the bottom of a cigarette packet. Such beacons can be left inconspicuously at the houses of insurgent leaders, allowing the CIA to pinpoint them.

The device is probably something very like the 'Bigfoot Smart RF Tag' produced by EWA Government Systems Inc (company motto: "Enabling a More Secure Future"). This is a miniature radio beacon, little larger than an AA battery, and is marketed for "high value target tagging missions" by intelligence agencies. Leave one of these in your target's room, and the CIA will have no trouble hitting the spot with a Hellfire missile from one of their fleet of Predator drones.

'BUGGED'

While the implant in James Walbert's shoulder appears to have a tracking function, it also seems to be affecting his nervous system. Toxicologist Dr Hildegarde Staninger says that Walbert's implant is "interfering with his normal muscle stimulation and causing severe over-stimulation of site-specific muscle contractions, which interferes with his normal life and work activities".

Walbert himself puts it more succinctly. "It feels like I'm being electrocuted all the time," he told me. It also means he permanently has a metallic taste in his mouth. "It sucks."

Electrodes with external power sources feature in pacemakers and devices to treat various brain conditions. But Dr Staninger suggests that this device might be self-powered. He refers to work on tiny generators which harvest energy from the motion around them, based on materials which generate an electric potential in response to force. A 2009 project with these piezoelectric materials carried out at Case Western Reserve University showed that an implantable device could be inserted in the quadriceps of a rabbit, which could harvest enough energy for nerve stimulation. By stimulating the muscles to keep them moving, and so [illegible] going indefinitely. Such technology could be used to

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It turns out that there is a government project to do something very much like what Walbert claims has happened to him. In a programme called HI-MEMS, the US Defense Advanced Research Projects Agency (DARPA) aims to create remote-controlled cyborgs by the use of multifunctional implanted microchips.

Bizarrely enough, HI-MEMS research is not looking at humans or even mammals: the aim is to produce modified insects which will be directed to covertly sniff out chemical weapons or carry a microphone, giving a whole new meaning to the term "bugging device". The technology will be based on an implant which would harvest energy via a "biological fuel cell". As well as powering communications, this energy would be used to steer the insect towards a target, either by direct stimulation of muscles, nerve stimulation or some other approach. As the DARPA site puts it: "The HI-MEMS program is aimed to develop technology that provides more control over insect locomotion, just as saddles and horseshoes are needed for horse locomotion control." Because of the size of the hosts, the system will necessarily be miniaturised to chip scale right from the start.

The work on cyborg insects is still in its early days (as far as we know). When mature, it could in principle be used to track and control all sorts of other animals. Including, perhaps, human beings.

ELECTRONIC HARASSMENT

Walbert has no idea where his device came from, but suspects that there may be government or military involvement. It's hard to imagine anyone else having the technology; quite how and why it came to be used against him are difficult questions to answer, but FT readers will be aware of precedents.

Having accumulated a sufficient amount of expert testimony, Walbert has also gained some political backing. State Representative Jim Guest has sent him letters of support, and has spoken out in support of other victims of electronic harassment. Guest introduced a Bill into the Missouri legislature to make "coerced subcutaneous implantation of an identification device" an offence.

The next move is for Walbert to have the implant removed, though at present he finds that doctors are hesitant to do so. This may not be a matter of conspiracy so much as an understandable reluctance to deal with a case outside their experience. Surgery can be a very litigious business in the US. The safe removal of self-powered piezoelectric devices is not routine surgery. Even if the chip does not have an anti-tamper device, there's a risk the operation might leave significant damage.

If the implant can be successfully removed, proving where it came from is another matter. [illegible] ugged when it was implanted and has no memory of

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The only way to maintain our comfortable view of a world where these things simply cannot happen, is to challenge some of the expert testimony. Isn't Walbert just crazy? Mental health experts don't think so. Is there really an implant? The MRI shows it in place. Is it really affecting or tracking him? It's producing a detectable output, and something is causing those muscle spasms.

You could dismiss any or all of the experts and insist on a second opinion from others. But are you simply going to ask different people until they give you the 'right' answer and confirm your preconception? It's a case which challenges our standards of proof. Perhaps we need to turn the question around: what does James Walbert need to do to prove he really is the victim of an illegal implant?

The mainstream media will not be covering this sort of story for a while. It smacks too much of the lunatic fringe and tinfoil hats for any news editor to go near it. But there is a gradual convergence here. The technology of MRI scans and radiofrequency detectors means that the presence of implants is becoming easier to verify. And the technology of implantable chips is a growing medical speciality, not a science fiction fantasy. The day may be coming when the mainstream accepts that the sort of harassment Walbert reports is a genuine possibility.

However, by that time we will be living in a world where you can be tracked by your shampoo, medical implants will be monitoring your health, and wired-up insects will be able to listen in to your conversations. And Walbert's story will go from being too wildly speculative to being too routine to be worth reporting.

PANEL: CHIP SHOT

How do you get your subject to accept a chip implant in the first place? One proposed solution was the "ID Sniper Rifle", a special weapon from Danish outfit Empire North which fires a tracking chip into the target. The makers claim that it feels like a mosquito bite, and enables the tagged individual to be tracked thereafter. The device was unveiled at a police show in China in 2002, and received considerable media attention before anyone realised it was a hoax; or Art Project, depending on your point of view.

The ID Sniper Rifle concept was created by artist Jakob Boeskov and industrial designer Kristian von Bengtssons. as a satirical comment on our surveillance society. However, these things take on a life of their own. Having announced the hoax in 2004, gadget technology site Engadget ran another story about the weapon in 2007. And out there on the Internet, conspiracy theorists accept the ID Sniper Rifle as absolutely real!

PANEL: ROVER COME HOME

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ps track everything from shipping containers to car

vet with a chip scanner, and swiftly returned.

This is good news for forteans – at last – there is a way of validating that old staple, a pet which finds its way back home after travelling hundreds or thousands of miles. Previously, such returnees might simply have been lookalikes with an eye for free accommodation.

It also gives rise to a completely new class of tale: the wandering pet that ends up a ridiculous distance away from where it is supposed to be. These include Lucy the collie who disappeared in Cornwall and showed up in East Lothian over 500 miles (800km) away, Kitty the black-and white cat who seems to have teleported (or hitchhiked?) from Lancashire to Enfield, and Henry, who went from Swansea to Coventry.

The downside with this technology is that it can lead to disputes between the original owner and the new owner, who may have had the animal for months or even years before the microchip was found.

To track your pet in real-time, miniature GPS tracking devices like the PAT micro are now becoming available. Like ankle tags for prisoners, these use GPS and mobile phone tech to send updates on the animal's location. When implantable tracking chips are available, pets will probably be among the first recipients.

PANEL: ALIEN IMPLANTS?

This isn't the first time that people have claimed that they are the unwilling victims of implants. Many readers will remember the great days of the 1990s when contactees claimed that extra-terrestrials had surgically implanted devices inside them for tracking or communication. There was a wave of excitement over the possibility that these implants would provide hard evidence of alien technology; they were even featured in The X-Files television series.

However, the implants themselves proved elusive. Some seemed to evaporate on removal from the body. Analysis tended to show normal biological origin – bits of the patient's own body. In one case, the 'implant' analysed by Massachusetts General Hospital in Boston was found to be connective tissue, collagen, and some external cotton fibres. Such calcified tissue can be produced in reaction to a foreign body such as a splinter; here the tissue included fibres, apparently from the victim's underwear.

Metallic implants may also have more prosaic origins than Zeta Reticuli. When Dr Susan Blackmore was given a 2mm x 3mm "implant" from an abductee's mouth to study, she took it to various colleagues in the physical sciences who submitted it to a battery of tests.

The conclusionwas that its composition – mercury 40 per cent, tin 30 per cent and silver 16 per cent – was a close match for dental amalgam. The 'implant' was a bit of tooth filling which had

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says that some of them have emitted radio signals, or moved to avoid being extracted, and that lab analysis suggests they may be extraterrestrial. However, Dr Leir has not had any success in persuading others of his beliefs. Some of the published analyses describe mysterious irregular nanoscale structures, fibres and crystals, and anomalous isotope distributions. To some, these suggest an alien technology beyond our comprehension; but they might equally be mundane fragments of Earth material subjected to overly hopeful scrutiny. Of course, alien implants might be too advanced for us to make sense of, but the lack of anything that looks convincingly like manufactured objects has meant that implants have failed to make it as more than a footnote in ufology.

However, there is now a possibility that there will be a revival of the implant idea, perhaps with the new twist that the implanting was not carried out by aliens, but by secret military/intelligence organisations.

The chip is implanted via the nose to hide the illegal operation's scares !

First they have to perform a sphenoidotomy or opening a small hole in the sphenoid-bone (about 5 mm thick - video 2 & video 3) to get to the brain, then they implant the transmitter. To do it they first have to anesthetize you and probably take you to a clinic willing to perform the illegal operation.

Here's how they do it (video 1):

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video 3

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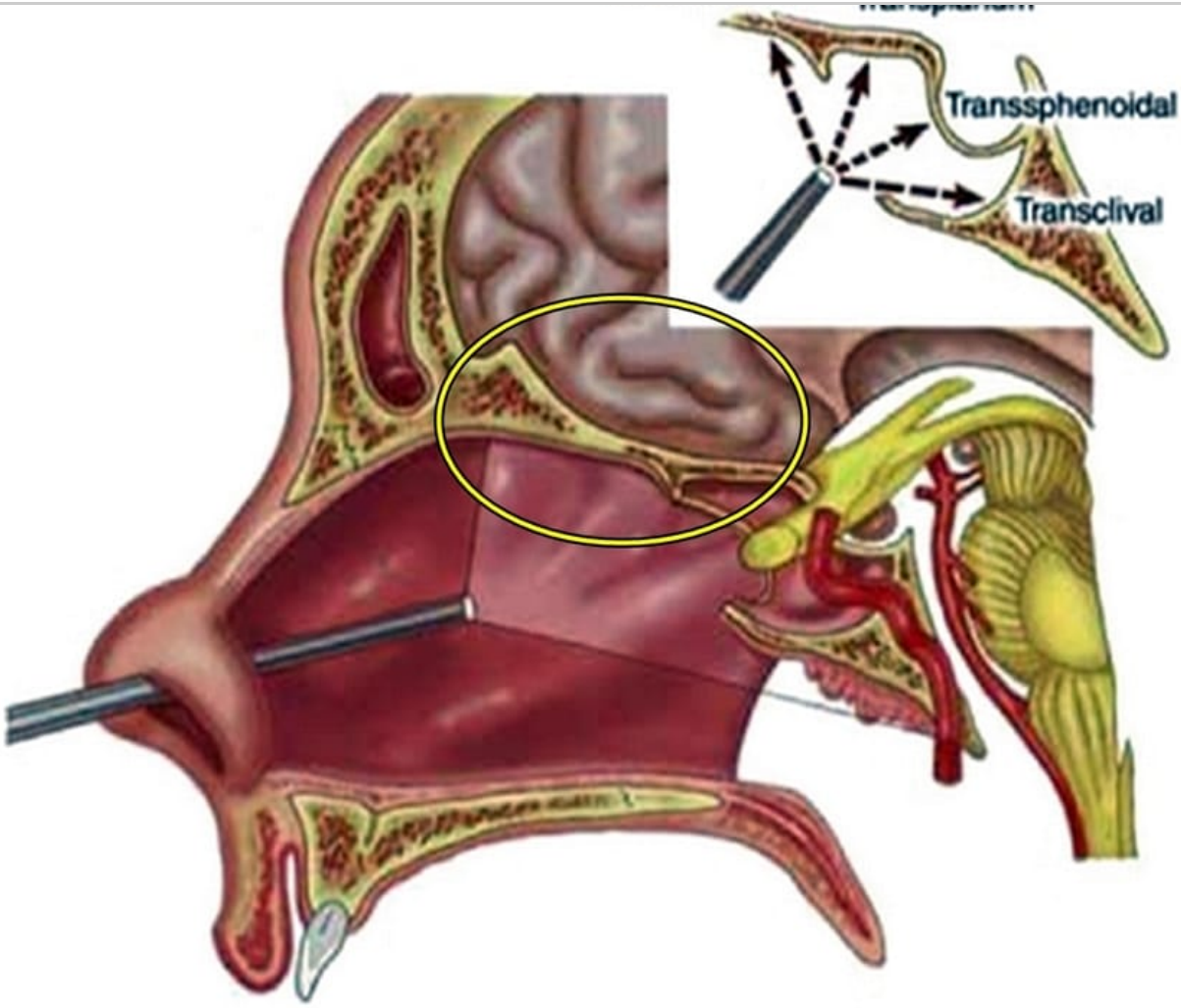

video 2

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BIO - MEDICAL TELEMETRY MIND CONTROL

THE TRUE STORY OF ELECTRONIC TORTURE OF ROBERT NAESLAND. SWEDEN

ROBERT NAESLAND ORIGINAL SITE TRANSLATED WITH BING (CHOOSE YOUR NATIVE LANGUAGE) - TRADUZIONE BING ITALIANO

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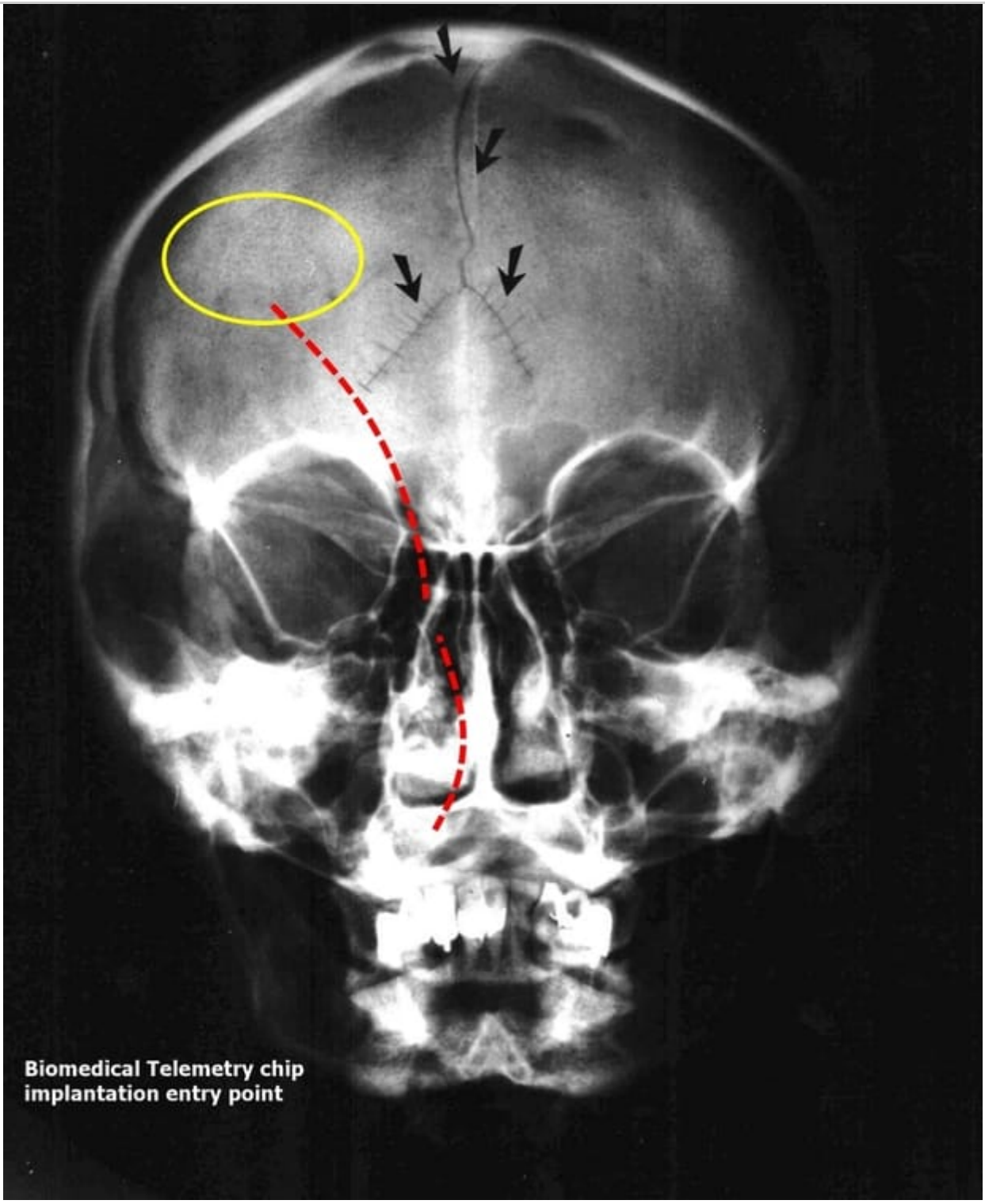

Listen to the artivle below

0:00 / 59:35

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Bio - Medic…

The right of might: the source of inhumanity and state tyranny.

This is an account of the Swedish Security Police (SÄPO) and the use of humans for medical research, but it could well be from Nazi Germany, where state abuse was a natural part of the system. There are many similarities in the methods and routine of brutality between the Gestapo and SÄPO. Moreover, SÄPO is exploiting a new kind of computer technique to enable them to control human thoughts and behavior.

Pictured above left, is an X-ray of an object located in my skull directly anterior to the frontal bone. The object was forcibly implanted in 1967 at a hospital where I was awaiting an operation.

Robert Naeslund Mind Control Victim

SÄPO had forced the surgeon to participate in their scheme, preventing him from performing the original surgery.

After violently sedating me, they made a 5 cm long incision in my frontal bone, in which they placed the object: a radio-transmitter which has been transmitting a high frequency electromagnetic beam through my brain 24 hours a day ever since. The dimensions of the device are a mere 7x4 mm.

The process of miniaturization has already passed the stage of the injectable transponder, a d acting as a sender and a receiver.

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The reason for SÄPO's action was that I constituted a threat to the secret of state mind-control projects.

This covert operation of coupling people's brains to computers has been going on for decades, and not only SÄPO is involved. Transmitters are being implanted in people's heads during routine hospital surgery. Most commonly, these are inserted through the nostrils, from where they operate using two-way radio communication.

After penetrating the brain, the radio-wave is processed in a system that connects the neurological functions to a computer. Afterwards, mental activity, biological processes, sensory function, in fact the entire life of the individual, are laid bare for state inspection and control.

In his report, the eminent professor Peter Lindström calls the technique "radio-hypnotic intracerebral control." This speaks a lot about a science which is also known as bio-medical telemetry, mind control or brain-computer interaction. He writes that there is a risk of meningitis and chronic infections with such implantations. I have, in fact, had constant sinus infections since the early 1970s, something which is most probably connected with the implanted objects.

In the late 1960s, the potential and areas of application of telemetry were already being discussed by J.M. Delgado in his book Physical Control of the Mind: Toward a Psychocivilized Society:
We are advancing rapidly in the pattern recognition of electronic correlates of behavior and in the method for two-way radio communication between brain and computers.
This has been going on much longer than most people can imagine. It was, in fact, one of the first applications of computer technology, forty years ago, to link the human biological system with a computer.

Thirty years ago, in 1968, Dr. Stuart Mackay published his Bio-Medical Telemetry, in which he outlined the potential of this latest science:
Among the many telemetry instruments being used today are miniature radio transmitters that can be swallowed or surgically implanted in man or animals ... The scope of observation is too broad to more than hint at with a few examples...

They permit the simultaneous study of behavior or physiological functioning... In cases such as the monitoring of the welfare of a diver in the ocean or an astronaut in orbit, a continuous flow of physiologic information is essential.

X-rays of my head show three implanted transmitters, of which one has been completely embedded in the frontal lobe.

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ns during the 1970s by the *Swedish Criminal Police* while

University of Madrid entitled *Two-way Communication with the Brain* describes how communication can be achieved with deep-brain processes using tiny transmitters, thereby also being able to suppress EEG patterns. They also state that because both energy and data is supplied by radio-waves, these transmitters last for life.

Two-way communication with the depth of the brain makes it possible to send and to receive information to and from the brain. The technique eliminates the need to restrain the experimental subject, permitting free behavioral expression and social relations.

Instrumentation, including the radio links, is small and light and does not interfere with mobility...

Our experiment demonstrated the suppression of a specific EEG pattern by repeated feed-back radio stimulation of a specific intracerebral point ... As no batteries are used, the life of the instrument is indefinite. Power and information are supplied by radio frequencies.

It has been almost thirty years since the first transmitter was implanted in my head at Söder Hospital; the issue is in fact much bigger and even more shocking, since surgeons have also been placing these transmitters in the heads of patients under anesthetic on the operating table. This is what happened to me at the end of the 1960s when I underwent surgery at Söder Hospital. Prior to that time, I had been a completely normal member of society.

I had never committed a crime nor had any contact with psychiatry, and I was employed. In fact, there was nothing about my life which could warrant the taking of special measures to observe me. The only reasonable conclusion is that certain surgeons at the hospital were and may be continuing to implant transmitters during normal operations on a regular basis.

There is no reason whatever to believe that I was an exception.
Thirty-three years ago, in 1965, a researcher at the Defense Research Institution department for information technology named P.M. Persson published an article on biomedical telemetry in which he wrote:
Telemetry, i.e. the radio-transmission of data, is applied primarily when it is difficult or impossible to supply the parameters by any other method ... the word Telemetry is derived from the Greek “tele” meaning “to measure”.

In Swedish, telemetry would therefore be called “fjarrmatning” (long-distance measuring)... A significant part of biotelemetry is conducted principally with the use of *implanted transmitters*, the development of which has come a long way in medical research.
What had actually been well developed in medical research was of course the abuse of patients in whose heads the surgeons were implanting transmitters.

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quite unaware that anything had happened.

All I was mindful of was a weak radio signal of unidentifiable origin inside my head. It was only after a few years that I became wise to something having been put inside my head during the operation. This time was to be a period of great and inexplicable change and, when I turned thirty, I decided to tread a criminal path.

It is hard to claim with any certainty that this was a result of what was happening to me, but it was, in any case, after the implantation of the transmitter which linked my brain to a computer so scientists could use me for their own wicked designs, that my conceptions and feelings were radically altered.

In America, the same year as the implant of the transmitter at Söder Hospital (1967), the Department of Psychiatry at Yale University published a report entitled "Man's Intervention in Intracerebral Functions."

The authors wrote:
Techniques are being developed for the investigation and manipulation of man. Two-way communication with the depth of the brain makes it possible to send and receive information to and from the brain... We can start, stop or modify a variety of autonomic, somatic, behavioral, and mental manifestations.

We can experiment with intracerebral mechanisms responsible for the onset and maintenance of specific behavioral and mental functions... As no batteries are used, the life of the transmitter is indefinite. Power and information are supplied by radio frequencies.
The report of a Parliamentary Committee chaired by Alva Myrdal, SOU 1972:59 entitled "To Choose the Future" addressed this technique:
Research into the field of cerebral function and behavior has as its primary aim to identify the type and degree of changes that can be effected with these new methods, thereby providing information on new possibilities for easing human suffering as well as the risks of control and modification of behavior against the people's will.
The state report SOU 1987:74 also mentions the technique, discussing the ability to see through the eyes of another person:
It is inevitable that covert personal surveillance brings with it a significant infringement of individual integrity. A person's private and public doings can be registered and documented to a high degree. This also includes any encounters the individual has with other people.

Letters and other such written communications which the individual receives, for example, at home or in the office, can be monitored during surveillance.
It was on my first occasion with the police, on March 10, 1972, that I was put to sleep without my consent and when I awoke a few hours later it was to a whole new kind of life.

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detrimental effect on my memory functions, habits and behavior. Slowly but surely I was being changed into a different person with greatly impaired faculties. As can be seen from the X-ray photograph shown, this transmitter had been inserted through the left nostril.

The experiment which then began went on daily, unchanging, for the following 3.5 years. It inhibited the capacity of my left cerebral hemisphere, and after a short while I lost such basic skills as sequentiality, turning the alphabet, for example, into a swarm of irretrievably disordered letters.

My capacity for logical thought was impaired and due to the brainwashing I had great mnemonic problems which created daily chaos. Dr. Lindström's reference in his second letter to this process as "the electronic dissolution of memory" is a fitting description of what was happening to me.

Gordon Thomas, the well-known author and BBC producer, wrote in the introduction to his book Journey Into Madness, that:
Since the 1950s, doctors in both east and west have ignored the sacred oaths of their profession and helped in governments-sponsored research into methods of medical torture and mind control.
A detail of one X-ray of my head shows the nasal passages and the area behind the forehead.

Two shaded parts indicate the position of the transmitters that were surgically removed at private hospitals overseas. One was inserted at Söder Hospital, while another was the one I received in police custody in 1978.

A third object on the X-ray is the first transmitter that the police put in me on March 10, 1972, while a fourth was implanted either at Stockholm's detention center or in custody at Vasteras in 1973. The last transmitter shown in the X-ray was inserted under sedation on November 26, 1975 at the Nacka Police custody center.

Nine years went by before I tried to do something about the increasing torment. In 1976, I wrote to Bror Rexed, the general director of the Board of Health and Welfare, and explained what was happening to me and how it had all begun.

What I failed to understand then, however, was that there were unwritten routines to bury as swiftly as possible any reports concerning the existence of these barbaric practices. Instead of answering my letter, Mr. Rexed passed it on to the department responsible for psychiatric care, who contacted me with a warning that I could be taken in if I continued to make these claims.

A document entitled "The Breaking of Bodies and Minds," published by The American Association for the Advancement of Science, states:
, can effectively silence people who oppose its policies,

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There the radiologist was able to identify two foreign objects in the extension of the nasal passages, adjacent to the frontal lobe. On my return to Sweden, I handed over the X-rays to the Board of Health and Welfare to confirm my previous claims. They, in turn, passed them on for examination by their own radiological consultant, Dr. Kjell Bergström of Uppsala's Academic Hospital, who promised to produce a report.

After several attempts to contact Dr. Bergström, it became evident that he was not prepared to make a report at all. After much correspondence both by letter and phone, he finally submitted a report. It came as no surprise that his report was entirely misleading. He denied the existence of any foreign objects in my head and claimed that my cranial X-rays were perfectly normal.

I was forced then to do something about my enslaved life. I traveled back to Athens in February of 1978 and met a radiologist who then put me in contact with a surgeon who was prepared to operate to remove the object.

The transmitter that had been implanted in my head at Söder Hospital was finally removed on March 13, 1978 after having been in operation for eleven long years. It had been only a month since Dr. Bergström's report denied the existence of any foreign objects in my head.

My life improved measurably after the removal of four transmitters which had been transmitting electromagnetic waves through my brain.

A Criminal Collusion Exposed

Dr. Gregorius promised to perform the next operation a couple of months later.

In July of 1978, a week before I was due to return to Athens, I was arrested by the police for a crime that had been committed some months earlier. After a few days in custody, Dr. Annmari Jonsson from the Board of Health and Welfare came in for a chat. Dr. Jonsson is the psychiatrist who had contacted me the previous year in connection with my correspondence with Rexed.

She had previously threatened me with psychiatric confinement if I persisted in making claims about a transmitter having been implanted in my head at Söder Hospital. She was now getting serious and was prepared to use her position to silence me in a criminal collusion between doctors and the police.

Our talk lasted no longer than a few minutes, after which she was ready to prepare the report which was to pave the way for the coming psychiatric diagnosis which the Board of Health and Welfare could then, following the routine, use as a weapon for concealing the illegal activity of

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scientific research into telemetry is mentally ill. I was also threatening to expose something of an extremely classified nature. This was justification enough to brand me as a chronically paranoid individual.

Annmari Jonsson's report of August 1978 included the following note:
"He fiercely maintains everything that he wrote to the General Director. He becomes indignant and clearly offended if anyone questions the reality of his medical history. In doing so, he displays clear delusions and is also paranoid. He is psychotic, in need of hospitalization and there is every reason for forensic-psychiatric examination."
Until a certain point in my life, I had never had any psychiatric problems, never had any contact with mental care or displayed any inhumane traits or used violence.

The reason why it was so important for the psychiatrists to diagnose me as mentally ill was that the use of brain-computer systems involves the infringement of the basic human right to life. Anyone who constitutes a threat to this secret shall be silenced at any price. It is also important for them to create an illusion that those who claim they are being subjected to such abuse have mental problems.

Dr. Janes Jez, the psychiatrist who conducted my forensic-psychiatric examination and who is ultimately responsible for my psychiatric diagnosis wrote in his notes:
"Robert Naeslund ought to be considered dangerous if his system of delusions can not be cured and he starts to doubt his conceptions and obtain insight into his illness."
I was, of course, dangerous to nobody other than the state criminals who I believe collaborated in the abuse, like Dr. Curt Strand, Dr. Annmari Jonsson or Dr. Janes Jez.

By the time the X-ray was taken in 1984, I had undergone two operations:

1. the first was the transmitter that was implanted and had been removed
2. the second involved the one which had been inserted in my right nostril on my last detainment in police custody in 1978

Dr. Lindström has documented that my cranial X-ray clearly exhibits a number of implanted transmitters, one of which is in my brain.

When I was able to obtain the verification of Dr. Lindström and several other doctors some years later, I submitted a letter containing the correct X-ray reports to both the Board of Health and Welfare and the named doctors for comment.

They reacted just like criminals. They will do anything to bury the truth when they are finally exposed, and so they refuse to answer my letters and to admit that they ever received them, despite the fact that I have sent letters on a number of occasions. There is, of course, nothing that they can add.

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a doubt that psychiatry is used as a weapon against

Some years ago, there was a media scare concerning the use of psychiatric incarceration in the Soviet Union as a political weapon against dissidents. The situation is not so different in Sweden, as my case shows. I was simply trying to free myself from the experiment from which I had suffered for the previous eleven years and to retrieve the human rights I was entitled to, the right to not be enslaved by institutional experiments and research.

Dr. Tord Svahn of Huddinge Hospital is one of those doctors whom I believe Dr. Jez involved in the plot against me to legitimize his diagnosis.

During the forensic psychiatric examination I demanded that a radiological study be made of my skull, since I knew that these objects would show up on the X-rays. But my request was denied and I had to fight for three months before he gave in to my requests.

The radiological examination was conducted by Dr. Svahn, who also undersigned the reports confirming their normal status. A couple of years later, I was able to expose Dr. Svahn's deliberately fallacious report when the X-rays were requisitioned from Huddinge for further study by other medical practitioners. All the doctors who have seen these pictures have been able to identify the implanted foreign objects, something which they have also confirmed in reports.

With the help of several electronics companies in Stockholm which supplied me with both the means and the know-how, I was able to ascertain the frequencies of the electromagnetic waves which were traveling through my head to these transmitters.

The frequencies entering my head have been analyzed to be between 17 and 24 kHz. About twenty years ago (1976), researchers Eskil Block and Per Scharestrom published their book Man and Technology in the Society of the Future.

The book addresses the following technique:
The study of electronic communication has given us a much greater opportunity to understand vital aspects of the human nervous system and sensory organs.

Out of this technology then grew a more abstract and general science, cybernetics, the study of communication and control ... advancements in science and technology show us again and again that we must be prepared to adjust our view of the world and reassess the limits of what is possible.
When the state commits a serious crime, it is ensured that none of their own will reveal the secret. In that case, all would be lost from the start.

For that reason among others, the radiologists at the different hospitals deny the existence of [illegible]ee from the reports of Drs. Bergström and Svahn.

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huge collective fabrication, so that no information about the abuses threatens to leak out. It was, therefore, critical when Dr. Lindström produced an entirely contradictory report concerning the X-rays that the Swedish doctors had declared normal. It was, therefore, also in the nature of things that the Swedish doctors tried to make Dr. Lindström retract his report.

Doctors at both Karolinska Hospital and the Karolinska Institute, who actually had absolutely nothing to do with my case, wrote to Dr. Lindström in California insisting that he conduct himself properly and not make that kind of report, and asked if it would be possible for him to reconsider his statements. Others took a tougher line, saying he was not competent to examine X-rays and that he ought to change his mind.

There was not a single person acting out of any other motive than that of concealing his own or his colleague's malpractice. The psychiatric clinic at Karolinska Hospital is another example. Failing to find out the facts, an easy enough task considering that Dr. Lindström's name and address are on the letters, they contacted the Board of Health and Welfare with the incredible story that the reports I had submitted were my own fabrications.

Instead of making him toe their line, the Swedish doctors' behavior had the opposite effect on Dr. Lindström.

He felt, quite naturally, indignant that they had tried to force him to conform to the corrupt Swedish model, and as a result he passed on certain of my X-rays to some of his colleagues at the University of California Medical Center in San Diego, asking them to write down exactly what they could see without first giving them any prior information.

Professor Wickbom produced one such report. Wickbom had previously been chief clinician of the radiological department at Sahlgrenska Hospital, Gothenburg, Sweden.

The contradictory reports of the Swedish doctors and their overseas colleagues gives a clear picture of the methods that the Swedish state uses to ensure that nothing concerning this mind control harassment leaks out. It is not just isolated radiologists, psychiatrists or surgeons who are participating in the crimes.

In that case, they would have been exposed long ago. It ought to be an inalienable human right to not be victimized by the implantation of transmitters in the head by surgeons during operations. One should also naturally expect to receive accurate radiological reports untainted by the need to conceal the crimes of the state.

All this concerns the abuse of a technique so terrifying that the state will go to any lengths to ensure that it is kept from the general public. This is the real reason why psychiatrists regularly diagnose as mentally ill anyone who tries to claim that they are an experimental

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schizophrenia or paranoia to imagine that such a thing is happening. The truth is that thousands of books and medical and scientific reports testify to the existence of this technique.

The following quotes will provide a survey of these reports:

1. Electronic systems that can be totally implanted within the body have progressed in the last twenty years from single transistor devices to complex multifunction devices that can also incorporate memory and microprocessor logic functions.
   (“Survey of Implantable Telemetry,” Tomas B. Fryer, NASA, 1974.)

2. The technique of telemetric control of human beings offers the possibility of regulating behavior with precision on a subconscious level.
   (“Electronics in the Observation and Control,” Crime and Justice, 1972.)

3. The purpose of biomedical telemetry is to monitor or study animals and humans with minimal disturbance to their normal activity, during sleeping, loving, working, eating, lecturing and diving, etc.
   (Telemetry is Coming of Age, Dr. Stuart Mackay, 1983)

4. This technique would also lend itself to the restriction and control of people’s private lives and social behavior on a national level. There would be the unfettered violation of personal integrity and the suppression of social and political activity, enough to make Orwell’s terrifying robotized state a reality.
   (The Information Society, Yoneji Masuda, 1980)

It is possible not only to thoroughly monitor every dimension of a person’s life, but also to manipulate them.

I became aware at a very early stage that they were able to register my thoughts, vision, emotions and intentions. The police never prevented me from acting unlawfully, despite knowing my plans in advance. Instead, they stimulated my criminal behavior and since I knew that they knew what I was doing, they were clearly safeguarding my criminal activity.

The question is whether all this has also happened to other people in custody.

Swedish scientists write in their research papers that people’s thoughts are observed and that, “experimental data from the nervous system, at an undiminished rate, continues to flow into the computers.”
This statement was made by Professor Jens Allwood in Framtider (Futures), published by the Institute of Future Studies in Stockholm.

In the same issue, assistant professor Erland Hjelmquist argued that, in most cases, es to deal with just what happens in the heads of

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Peter Westerholm, senior lecturer and medical researcher, suggested in a speech at a Department of Justice conference in 1986 that:
We must also find out how people are experiencing what's happening, maybe even their opinions, their evaluations. And it's quite clear that this will bring us into some not entirely legitimate territory.
The fact hat data from the nervous system continues to flow into the computers at an increasing rate is due to the fact that more and more people are being hooked up to the system.

The growing rate of hospital, SÄPO, and Criminal Police abuse is built upon the mind-control system which has been highly developed within medical research.

Generating Diseases

To provide an idea of the kind of experiments I was being subjected to, consider the following aspect of these systems. During the years 1979-1984, I suffered from their power to generate disease in a person. This is something which has been well documented by medical researchers.

In Bio-Medical Telemetry (1968), Dr. Mackay wrote that,
"there are certainly more elaborate and immediate methods for accelerating human and animal subjects into a state of motion sickness."
His chilling claims that immediate and accelerating morbid states can be induced through two-way radio communication with the brain also reveals his own attitudes concerning the possible areas of application for these methods.

Beginning in 1972, when the police implanted their first transmitter in my head, the predominant effect was powerful radio signals in my head. These signals continuously intensified and oscillated over the years between loud bass notes and piercing high-frequency signals, with the entire intervening sound spectrum at varying volumes. This changed my life and altered my moods; it often induced insomnia, an inability to concentrate, irritation and impaired thinking.

But there were also changes to my behavior, which sometimes meant that I ended up unusually out of my depth, or did things completely out of my character. The symptoms which the scientists had begun to induce at the time of my residence at Sidsjon's special psychiatric clinic in 1978-79 were exact reproductions of earlier illnesses, like the throat infections which kept me in a recurring state of cold and fever for several years.

This technique makes it possible to control all cerebral functions and biological processes.

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, my brain's thermo-regulator was made to malfunction,

almost to a stop.

This also went on for hours at a time, at least every night, after which they would hyperactivate it.

The pattern was so systematic that it must have been produced by a computer program. From August 1978, when I was put to sleep in custody for the last time, and from when the transmitter inserted into my right nostril began its four year operation, I suffered from cramps in my legs, feet, hands and arms for hours every day until the transmitter was removed in Athens in 1982.

Only a year after Dr. Lindström and others made accurate statements concerning my X-rays, the brain experiment which had intensified continuously since 1972 finally leveled off. When the electronics companies gave me the opportunity to demonstrate the different frequencies of the waves that were passing through my head, the effect lessened.

After the Red Cross in Stockholm spoke to Dr. Lindström to discuss possible surgery in the USA, for which he intended to assist with necessary travel costs, the terror from which I had suffered for twelve years finally stopped altogether.

The operation came to nothing, however, since for the first time ever I was refused an entry visa into the United States.

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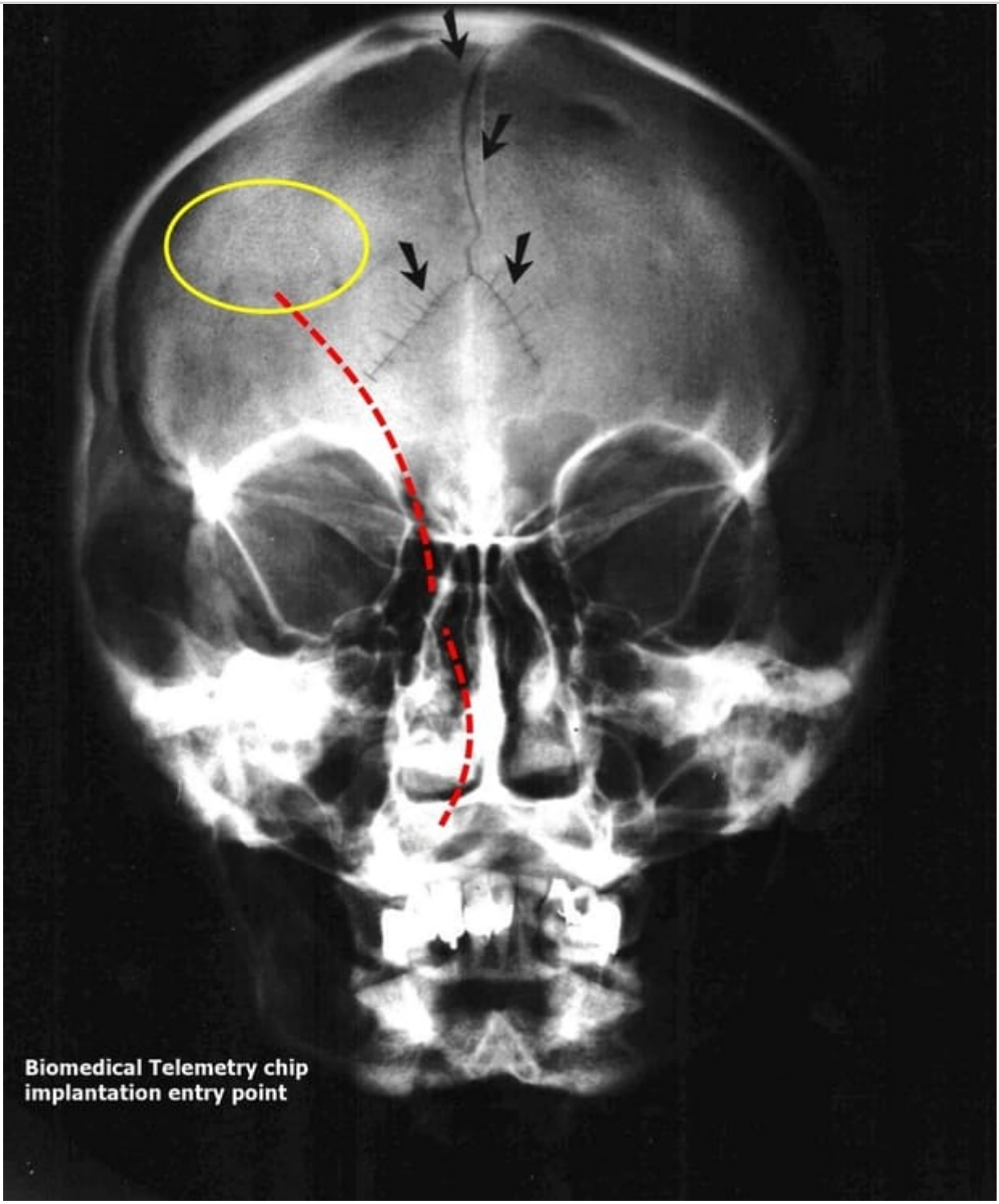

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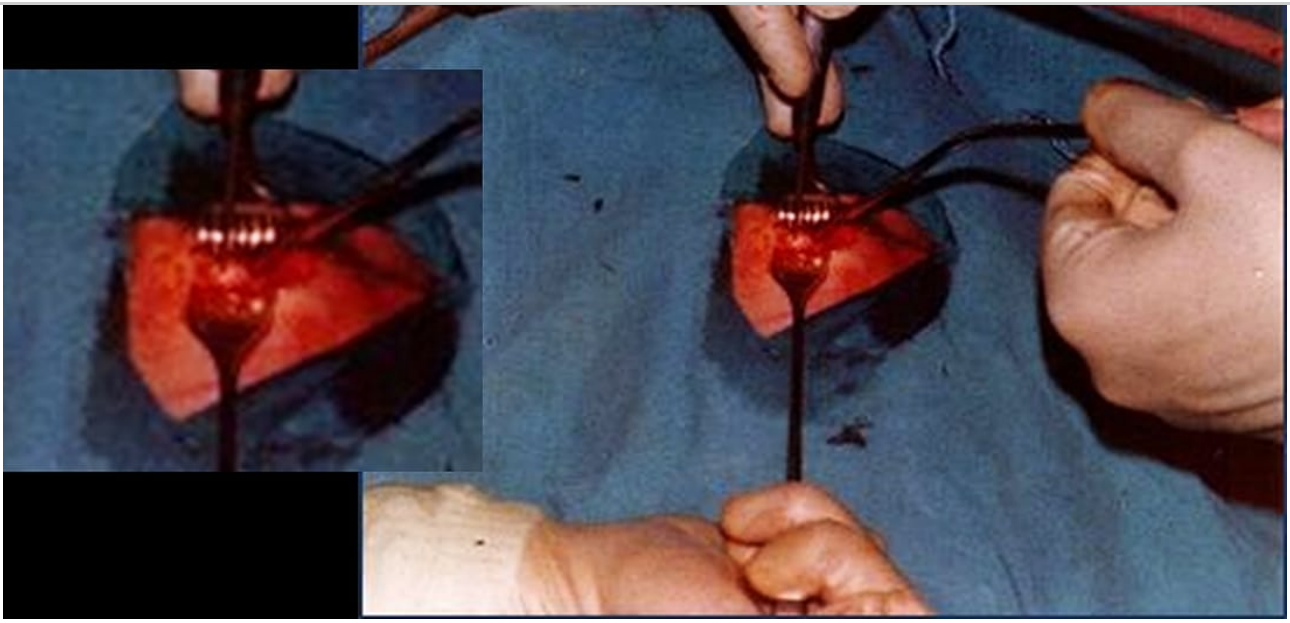

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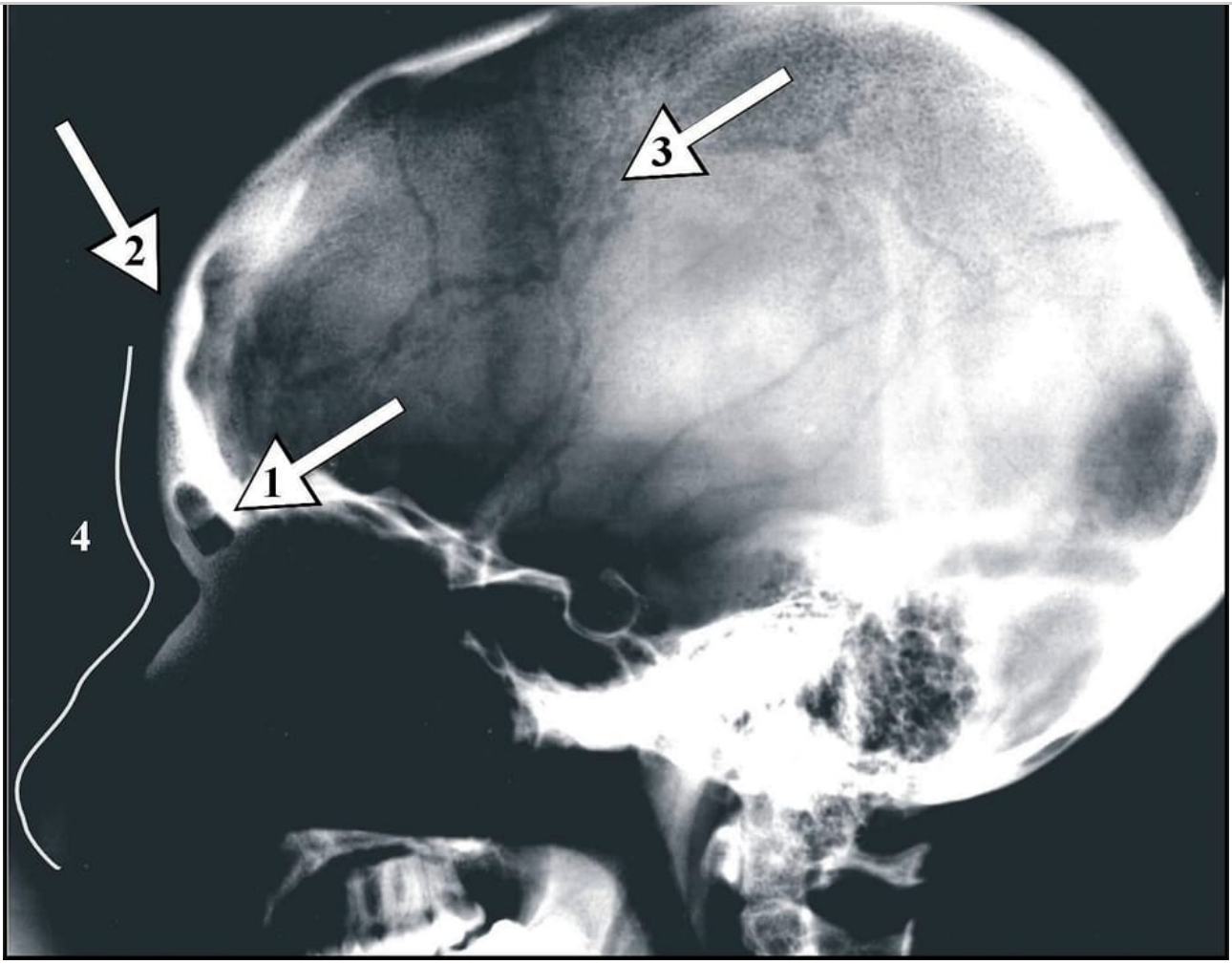

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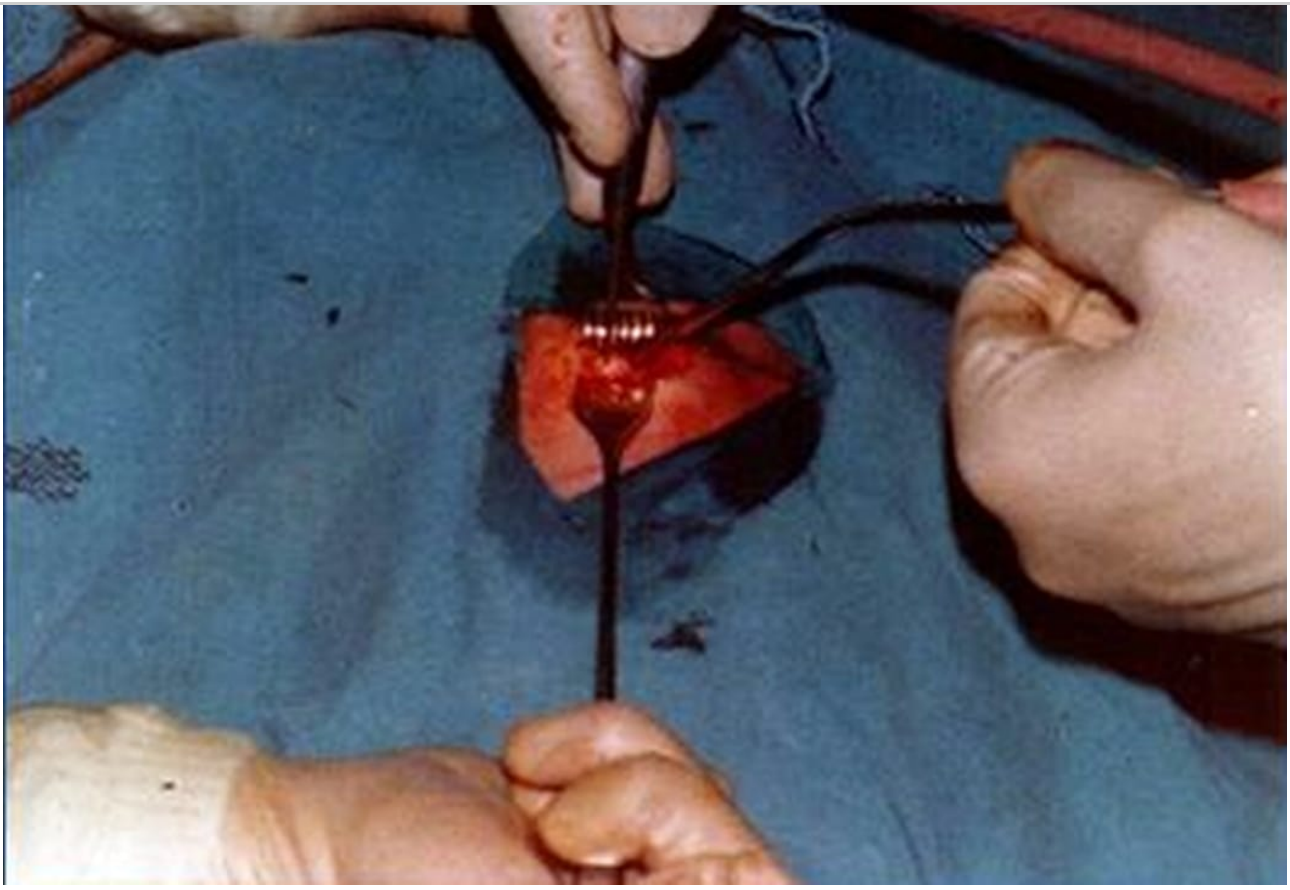

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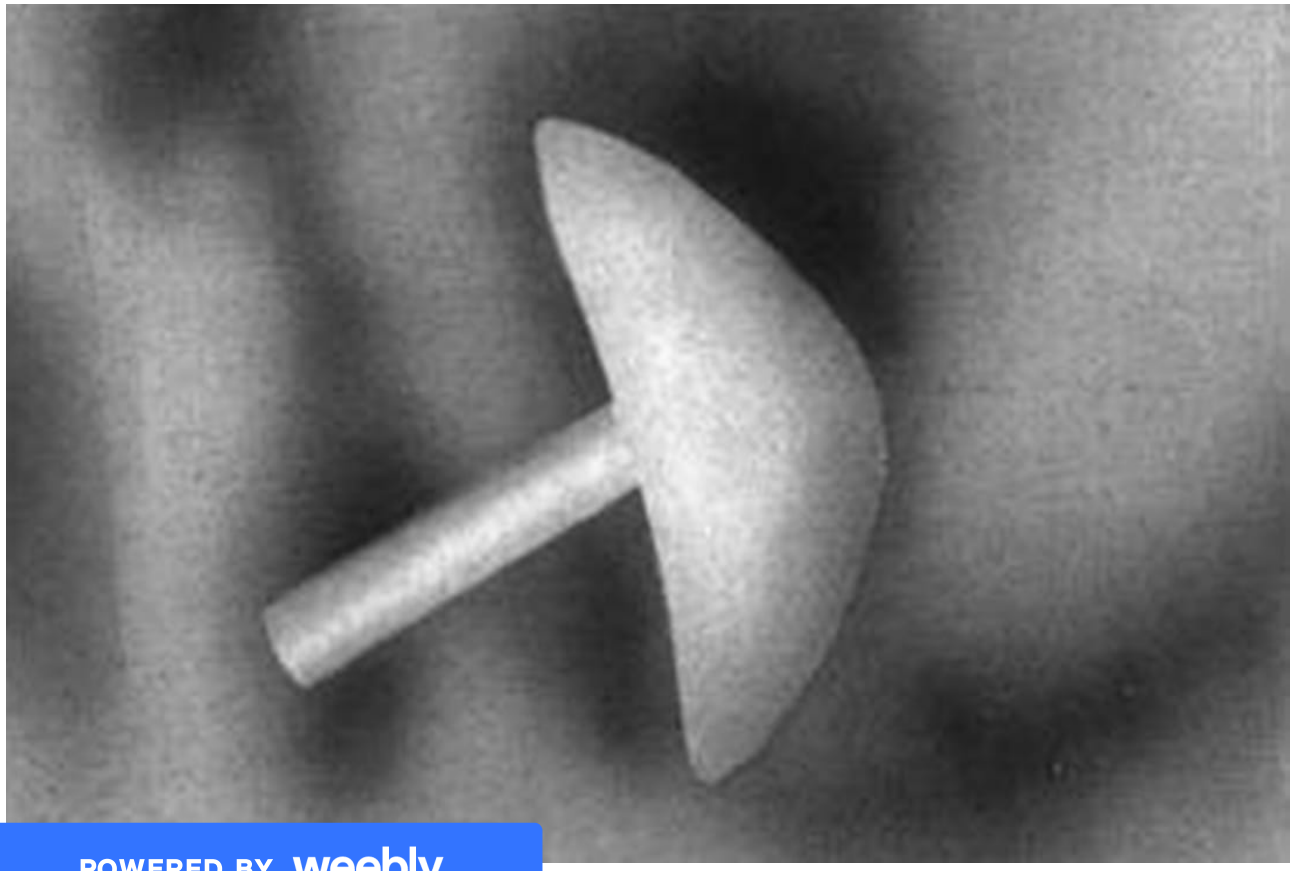
1978



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Frankenstein Techniques

In 1987, an assault took place at St. Carolus Hospital in Djakarta, Indonesia, where I was awaiting an operation to, once and for all, remove the transmitters implanted in my brain.

The assault began as I was being wheeled into the operating theatre. Standing outside was the surgeon, a professor of neurosurgery named Dr. Hendayo. He informed me that he was unable to go forward with the operation which had been scheduled a week previously. He told me that we would have to postpone it, explaining that he could not reveal the reasons why.

I tried to persuade him to keep his side of the agreement, and after a short discussion he changed his mind and I was wheeled into the operating room. What was known to him, and what I realized the moment I entered the room, was that there were two plain-clothes men waiting for me. I tried to free myself from these frightening Frankenstein techniques.

They grabbed my arms and injected me with something, and I lost consciousness.

When I came around, I was right in the middle of the operation, and I felt a sharp pain in my head. My arms and legs were strapped down and the doctor was holding my head, while one of the two in plain clothes wielded an object similar to a branding iron used to mark animals.

He pushed the heated instrument down into my opened head. It felt as though my skull would explode, and I screamed in agony before I lost consciousness. Eighteen hours later I awoke. As X-ray department to report what happened.

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had taken place. I was informed that Dr. Hendayo was not due back for a couple of days. When I later made contact with him, he explained that what happened was not of his doing.

He explained that I should have understood when he tried to back out, and that he had been unable to act because my country's security police were involved. The presence of both the burn and the implanted object has been confirmed by a number of radiological reports.

A hospital in Stockholm writes,
"To the left in the margosupraorbitalis is a deep groove, 2 cm in diameter and 0.5 cm in depth."
Another hospital overseas writes:
"X-ray skull lateral view shows a radioluscent defect just behind the frontal sinus. An umbrella-shaped foreign body is seen in relation to the defect just above the right orbital roof."
These events at St. Carolus Hospital in Djakarta in August 1987 reveal another side to the difficulties experienced when trying to free oneself from computer mind-control.

Dr. Hendayo realized he could not operate on me or do anything about my situation when the security police, possibly along with their colleagues in the CIA, forbade him from operating on me and took over the surgical department of St. Carolus Hospital in order to implant another transmitter. The mushroom-shaped transmitter lies adjacent to the right frontal lobe, which it paralyses.

The transmitter now affects the left side of my body. It is particularly noticeable in the face where the left eyebrow now droops as a sign of cerebral impairment.

The radiation produced by this implant has an effect different than that produced by the other transmitters, since it operates with high frequency radio-waves which lie just before the microwave part of the frequency spectrum. Right from the start, I could feel how the temperature of my brain rises, the consequences of which change my life and influence my abilities, energy and alertness.

This radiation is also very dangerous and known to induce cancer and leukemia. As a completely normal symptom of a paralyzed right hemisphere, I have lost all emotions including sexual feelings. Medical certificates confirm the continual and untreatable infections caused by the painful dehydrating effects of radio-waves produced by the implanted object, as well as greatly impaired vision and astigmatism.

The continual deterioration of my vision has led to my needing glasses and a magnifying glass in order to read normal letters.

There exists an illustration from the medical company Dow-Corning's advertisement for their new electrode for implantation into people's heads. It was published in Neurology and [illegible] following text:

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Recording cerebral activity from the extradural space is not a new concept... Extradural strip electrodes have a low risk of infection, are well tolerated by patients, and have excellent recording characteristics.

(Brain Transmitters
"Furthermore, it can be seen that electrodes placed in the occipital lobe are blocking the blood flow behind their delimitation where the oxygen depletion is caused and this is seen as well in his frontal brain just above the implanted transmitter. Among the changes caused by the frequencies affecting his brain, the reduced oxygen levels have induced an alteration of neurological functions, and impaired cognitive abilities including that of memory. Moreover he [Mr. N'Tumba] has obviously been anesthetized without his knowledge so that this implantation could be performed. ... The x-ray examination was performed at Brook Hospital Main, September 16, 1992." — INMC, Letter to British Prime Minister John Major, Stockholm, Sweden, October 9, 1992.
https://sites.google.com/site/mcrais/brain6)

A Modern Slave

Like all such radio devices, this electrode transmits data from a person's inner life, his mental functions, biological and neurological processes, all of which can be combined to yield more information about someone's life than even that person knows about himself.

The implants can be used to "brainwash": to manipulate inner processes, modify or destroy emotions and thoughts, and, as one of the earlier research papers said, control behavior in detail.

It is the most fantastic, and the most frightening technique that has ever been developed, and consequently one of the biggest secrets ever to be held by the state. The new transmitter was intended to brainwash me to a much greater extent than any of the previous ones. It is clear how far doctors, psychiatrists, and SÄPO are prepared to go to prevent any leaks from revealing the secret of the technique and the extent of the brutal experiments and life-long abuse of the people involved in them.

The fact that the Criminal Police are using the technique and anaesthetizing people who are under arrest in order to implant transmitters should paint a whole new picture of what these authorities actually represent. It is also not difficult to see that this technique can only be employed as long as the public knows nothing about it.

Having been used as an experimental subject for various state projects for about the past
o live my life without the normal freedoms and

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One can say that I have had to live like a modern slave. I have never been able to escape the continual experiment in my brain and have had to bear complete observation by medical/police research and their intrusion into my life as an invisible party to everything I do. The high frequency radiation is destroying my health and I am living with the constant threat of lethal injury.

I have been deprived of human rights and integrity, and have been stripped, studied, exploited, raped and threatened with my life. I need to find a doctor who is able to operate, first and foremost, to remove SÄPO's transmitter in the face of SÄPO's power. These people are the face of Nazism in our society.

They are backed up by the entire political system, and there is no court in Sweden that will convict one of them.

There is no psychiatrist who will risk their job by revealing their own, their colleague's and society's crimes. Nor is there any surgeon answerable for the implantation of radio-transmitters in the brains of patients during surgery. Radiologists who produce false reports to protect state institutional abuses are likewise exempt from punishment.

If we in Sweden wish to live in a society where the authorities have to take responsibility for their actions, these people must be arrested. This is the only way we will find out what is happening behind SÄPO's high wall of secrecy, and how far this mind control experimentation has gone. There are people responsible for the kind of life I have had to suffer and the torture I have endured, and I have named them all.

Everyone at some time in their lives needs to go to the hospital for an operation, but who would enter a hospital if it could mean becoming part of a secretive medical research program which can proceed for the remainder of their lives? It can no longer be granted that he who lives his own life also has rights over it.

Anyone wishing to help Robert Naeslund find an ethical neurosurgeon may contact him in care of Gruppen, Box 136, Stockholm 11479, Sweden, Fax: 08-668-6066.

Robert Naeslund Story
New Delhi 1991

Ever since an operation at Soder Hospital in Stockholm at the end of the 1960's, I have been used in a medical experiment which has meant a lot of suffering and been very painful.

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rt Strand, who inserted a foreign object, a so-called

For many years I have tried to get help from Swedish physicians and even from the National Board of Health and Welfare (Socialstyrelsen). However, I was confronted by doctors who became my enemies and I was, among other things, declared mentally ill and placed in a mental hospital.

In 1983 I came in contact with Prof. P.A. Lindstrom at the University of California, San Diego in the United States, who examined my X-rays. Many Swedish doctors had given written opinions about these, and stated that the X-rays were completely normal, that there were no foreign object in my head.

Prof. Lindstrom wrote in one of his many statements that,
"I can only confirm that some foreign objects, most likely brain transmitters have been implanted at the base of your frontal brain and in the skull. In my opinion there is no excuse for such implantations if the patient has not been fully informed about the procedures, the purposes, the risks, the method of anesthesia, etc., and then gives a clear written consent."
I fully agree with Lincoln Lawrence who in his book on page 27 wrote:
"There are two particularly dreadful procedures which have been developed: Those working and playing with them secretly call them R.H.I.C. and E.D.O.M. -- Radio-Hypnotic Intracerebral Control and Electronical Dissolution of Memory".
These, as well as ESB (Electronic Stimulation of the Brain) constitute what is included in Bio-medical telemetry.

After Prof. Lindstrom wrote his opinion about ten other doctors in different countries have given written statements which attest to the implanted transmitters in my head. The statements clearly show that Swedish doctors have given false reports concerning this case.

Despite the evidence which proves my case, I cannot get surgical help in Sweden to remove the many transmitters implanted in my head, which are active day and night, year after year. This was the reason why I sought help in New Delhi, but we will clearly see that physicians have strong international bonds, and are more social collegial than humane ones.

--- Omitting history of search for doctor to remove transmitters. They were removed and analyzed by Hewlett-Packard technicians. ---

The difficulty in finding a doctor who will operate on me is the great secret behind the use of bio-medical telemetry and doctors' international solidarity with colleagues who use people for experiments. I would like to ask everyone who reads this report for help in finding a surgeon who will perform the operation so that I may be freed from the several transmitters implanted in my skull and brain.

These transmitters have changed my life in many ways and torment me through their constant [illegible] and would be personally responsible for all the costs

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Stockholm, Sweden
November 1991

P.A. LINDSTROM, M.D.
July 27, 1983

Mr. R. Naeslund
Ervallakroken 27
12443 Bandhagen
SWEDEN
[not current address]

In response to your most recent letter regarding the roentgen films I can only confirm that some foreign objects, most likely brain transmitters, have been implanted at the base of your frontal brain and in the skull.

The risk of such implantations is considerable and the risk of chronic infections and meningitis when the implantation has been made through the nose or the sinuses are real issues.

In my opinion, there is no excuse for such implantations if the patient has not been fully informed about the procedures, the purposes, the risks, the method of anesthesia, etc, and then gives a clear written consent.

I fully agree with Lincoln Lawrence, who in his book on page 27 wrote:
"There are two particularly dreadful procedures which have been developed. E.D.O.M. - Radio-Hypnotic Intracerebral Control and Electronic Dissolution of Memory."
Many years go I had some discussions with Delgado. He asked me to apply my ultrasonic technique for his particular purpose of altering patient's behavior but I declined because we had entirely different aims and approaches. However, I found Delgado to be an intelligent but somewhat strange man.

Best wishes!
P.A. Lindstom, M.D.
PAL/mjt

Bio-Medical Telemetry Mind Control

The Technology and Its Possibilities
Bio-medical telemetry have long been thought to be impossible by the majority of people and have been relegated to science fiction. The fact is that scientists developed this technology into reality at least thirty years ago and started experiments with unwitting people.

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through the brain and returns to a computer, where all aspects of a human being's life are uncovered and analyzed.

During the 1960's, brain transmitters as small as a half of a cigarette filter made it possible for doctors to implant them into unwitting patients during operations easily and without surgery via the nostrils.

To analyze an EEG in a computer instead of a printer gives a whole new perspective on what can be concluded.

The receipt of mental manifestations as thoughts and visual impressions or feelings, behavior and psychological reactions can be continually registered. Bio-medical telemetry has made it possible for medical scientists and the state to observe the person deeper and more completely than what the individual can possibly do himself.

Through analysis and programmed computers, even affects and changes in a person's physical and mental status can be created.
"By electrical stimulation of specific cerebral structures, movements can be induce by radio command, hostility may appear or disappear, social hierarchy can be modified, sexual behavior may be changed, and memory, emotions, and the thinking process may be influenced by remote control" ...

"Transmitters have no batteries, are activated by radio, and can be used for life, so that the brain can be stimulated indefinitely"...
"Physical Control of the Mind" by professor J. Delgado

"There are certainly more elaborate and immediate methods for accelerating human and animal subjects into a state of motion sickness"...

"The possibilities by bio-medical telemetry are limited only by the imagination of the investigator."
"Bio-Medical Telemetry" by Dr. Stuart Mackay

"Distances were not a problem, since long wavelengths could travel globally at the speed of light. Liquid crystals which are injected directly into the bloodstream and fasten themselves to the brain have been developed in the last ten years. It works on the same principle as the usual transmitter and uses the same technology and contains the same possibilities. An essential part of biotelemetry encompasses the transmission of data. This occurs mostly with help from a surgically implanted transmitter. The technology has been developed quite extensively in medical research."
P.M. Persson, Swedish Defense Research Institution, FOA, 1965

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is backed by a forceful documentation".
Publishers Weekly's review of "The Mind Stealers" by Samuel Chavkin

Robert Naeslund - Photos of Psychotronic Impants

Robert Naeslund is the Swedish mind-control victim who has struggled with brain transmitter implants. The following pictures were obtained from the now defunct VERICOMM BBS

Bob Boyce's unwanted VeriChip and associated tumor removed

He had a chip removed, but it turned out that another chip was still in there, implanted deeper, as confirmed by an X-ray.

He's lived with that one for a year, but finally had it removed yesterday at the Fannin Regional Hospital in Blue Ridge, Georgia.

The Fannin surgical staff took photos as the chip was removed from the tissue and placed in a specimen container, labeled "foreign body", and sealed by the surgeon. The blue color of the tissue is from a dye that was injected to mark cancerous cells.

Such chips have been documented to sometimes instigate tumors where they are implanted (ref), as was the case with Boyce (ref).

Boyce posted photos of the process on his website, along with the comment:
Some have said that this VeriChip was a figment of my imagination. Well, this "imaginary" VeriChip removal was documented on film by surgical staff.
The first time Boyce noticed what turned out to be the first of two chips was in early April, 2009 when he was working with a former associate, Bob Potchen, of Precombustion Technologies Inc. (PTI), who he first met in July of 2008. Potchen, formerly with NSA, was implementing Boyce's hydroxy gas booster technology into a product to take to market. Their relationship had been growing tense, and Boyce was preparing to depart.

After drinking a "refreshment" drink Potchen provided, Boyce had fallen asleep at a desk at PTI's office, pulling an all-nighter. When he awoke, his right shoulder felt like it had been numbed; and when he rubbed it, he noticed a small, hard lump there. Having recently had some benign skin cancer removed, he assumed it was just another tumor, and thought no more of it, until the skin turned red and his shoulder became very sore many months later. shoulder was "transmitting" RF radiation. Then, when moved, he looked at the small-grain-of-rice-sized

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chip that had been removed from his shoulder matched the chip design by VeriChip. In particular, there is a thin, white rubber-like coating on one end that the tissue grows to so the chip won't migrate. The pathology report did not mention the chip.

Due to the politics of the situation, Boyce has had a hard time finding a surgeon to remove the chip and document its removal. This time around, Boyce wanted to make sure there was proper legal "chain of custody" when the second chip was removed, as certified by the surgeon when placed in a specimen container, which was sealed, labeled, dated, and signed by the surgeon.

The reason for Boyce's falling out was that Potchen, who is former Military Intelligence, had been making modifications to the hydroxy-generating device that Boyce said were reducing the cell's efficiency. Prior to those modifications, the cell was producing great results when installed in test vehicles. In one case, the mileage of a truck increased from 5.5 mpg to 11.7 mpg – more than double.

Boyce described a number of modifications that Potchen made in the name of making the cell cheaper to produce, but which significantly worked against the efficiency. "It's as if he was intentionally sabotaging the system to discredit the field."

Boyce withdrew his endorsement of Potchen's device and published his concerns to some hydroxy forums.

The saga from there is long and drawn-out and still ongoing. This is the latest installation.

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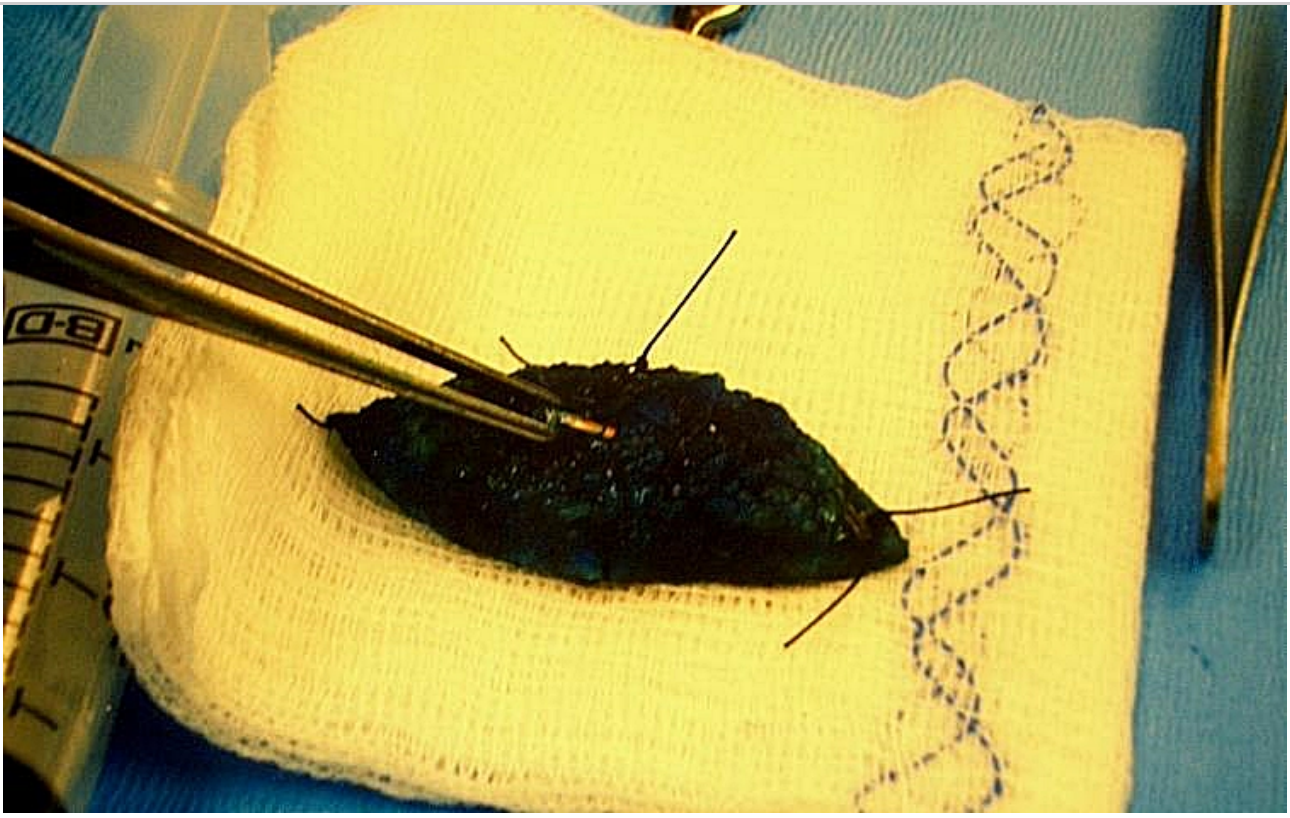

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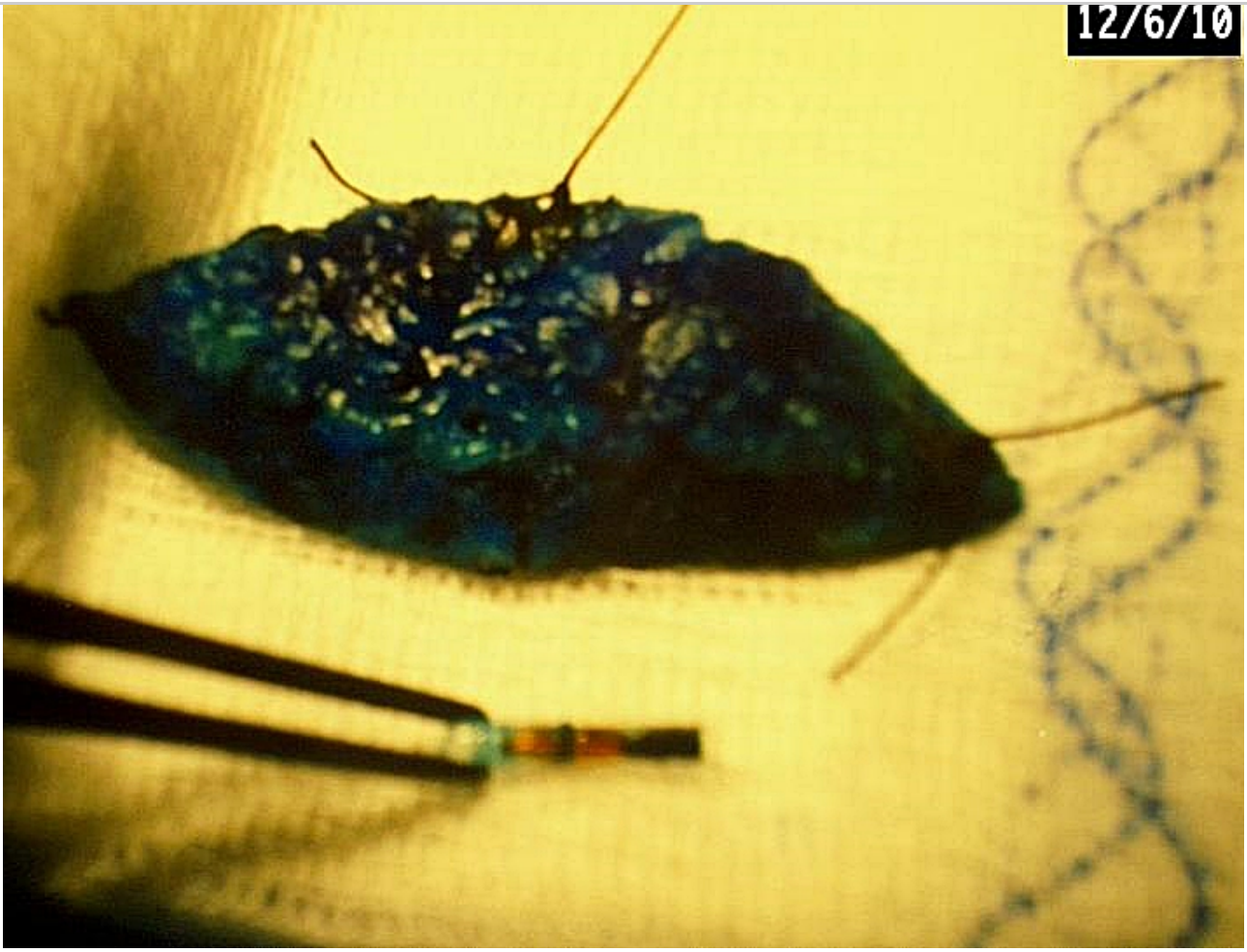

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4130 US HWY 64E
MURPHY, NC 28906
(828) 837-8161

RADIOLOGY TRANSCRIPTION REPORT

Name:	BOYCE	Date of Birth:	
Age:		Acct Number:	
Sex:	M	Film Number:	
Stay Type:	2	MR Number:	
Room Number:		Trans Date:	
Admit Phys:		Trans Initials:	
Ordering Phys:			

SHOULDER COMPLETE COMPLETE: 12/14/2009 12:04 Accession #:
RT MIN OF 2 VIEWS
Reason for Procedure(s): FOREIGN BODY OF RT SHOULDER

Unsigned transcriptions represent a preliminary report and do not reflect a medical or legal document.

CLINICAL HISTORY: FOREIGN BODY RIGHT SHOULDER.

RIGHT SHOULDER, TWO VIEWS:

Two AP views of the right shoulder were obtained. There is a subcutaneous 5.3 mm x 1 mm metallic foreign body superior to the humeral head and lateral to the AC joint. Whether this is anterior or posterior is uncertain since a transscapular Y view was not obtained. The AC joint and glenohumeral joint otherwise appear well maintained.

IMPRESSION: 5 mm x 1 mm subcutaneous metallic foreign body lateral to the acromion and above the humeral head as described.

D: 12/14/09 13:48
T: 12/14/09
Job# 6126
RB/Spheris;mt23700

12/15/09

Reviewed and Electronically signed by:
ROBERT BERGER, M.D.
RADIOLOGIST

POWERED BY weebly

Patient Name: BOYCE

Age-Sex-DOB:

Procedure Date: 10/13/2009
Accession Date: 10/13/2009
Report Date: 10/20/2009

PATHOLOGY REPORT

DIAGNOSIS:

Type:	Malignant melanoma, desmoplastic type.
Growth phase:	Vertical present.
	Horizontal present.
Breslow thickness:	3.5 mm
Clark's Level:	IV.
Ulceration:	Not present.
Mitoses:	One per square millimeter.
Tumor infiltrating lymphocytes:	Not present.
Regression:	Not present.
Satellites:	Not present.
Precursor lesion:	Not present.
Vascular invasion:	Not present.
Margins:	Present at deep and lateral margins.
Age:	
Sex:	Male.
Site:	Right shoulder.

Refer will be made when skin are carry

Comments:
The lesion is present at the deep and lateral margins. Therefore, the Clark's level and Breslow's thickness are provisional. Perineural invasion is identified. The dermal melanocytes are subtle in that they are spindled and in a background of a cellular and fibrotic dermis. The dermal melanocytes highlight with S100 and fail to highlight with melan-A immunohistochemical stains. The junctional melanocytes readily highlight with melan-A. All controls react appropriately. Clinical pathologic correlation and clinically appropriate therapy are required. Dermatopathologist, Jaweed Ansari, MD, has reviewed this case and agrees.

Joshua D. Gapp, M.D.
electronically signed **10/20/2009 at 6:02 PM**

Gross Description:
The specimen is labeled "Boyce , right shoulder lesion". Received in formalin is a 1.5 x 1 cm portion of light tan skin. The surface is smooth and dull. The entire specimen is submitted. 5/1 (NEW,dgr,10/13/2009)

Microscopic Description:
Microscopic examination is performed. See the melanoma checklist, comment, and images.

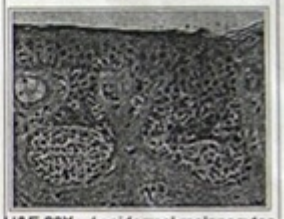
Procedure:
Biopsy right shoulder lesion

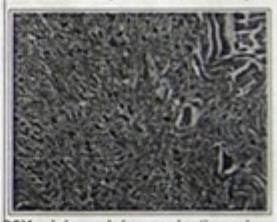
Clinical History:
Right shoulder lesion

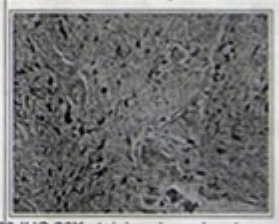
Specimen List:
Right shoulder lesion

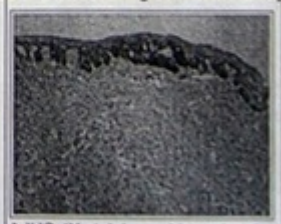
(Continued on page 2)

H&E 4X w/ junctional and dermal melanocytes


H&E 20X w/ epidermal melanocytes


H&E 20X w/ dermal desmoplastic melanocytes


S100 IHC 20X staining dermal melanocytes


Melan-A IHC 4X staining epidermal melanocytes

W 10 3002

Technical services provided by Anatomic Pathology Laboratory of Chattanooga, 4071 South Access Road, Chattanooga, TN 37406, Richard B. Hessler, M.D., Director
Case reviewed and diagnosis rendered at 658 Grassmere Park Drive, Suite 101, Nashville, TN 37211, Terence T. Casey, M.D., Director

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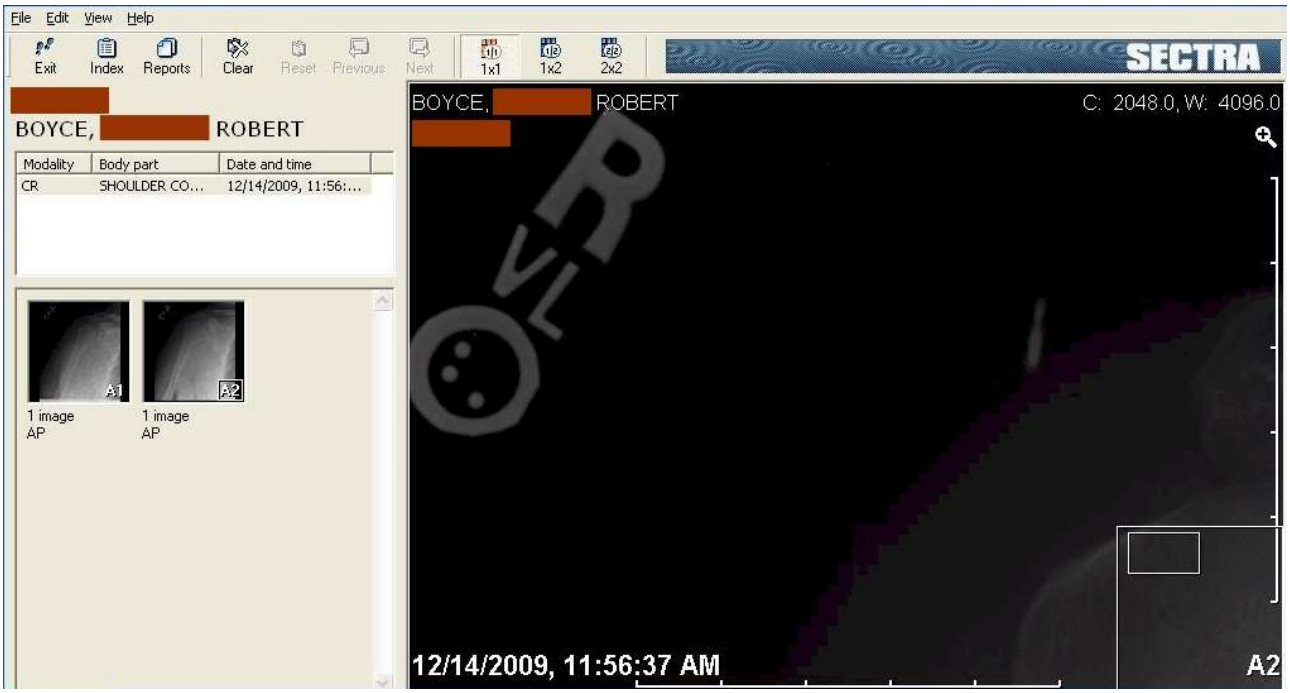

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BOSTON HERALD
BREITBART
BROADCASTING & CABLE
BUSINESS INSIDER
BUZZFEED
CBS NEWS
CBS NEWS LOCAL
C-SPAN
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CHICAGO TRIB
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CNBC
CNN
CNN POLITICAL TICKER
DAILY BEAST
DAILY CALLER

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HELLO!
HILL
HILL: JUST IN
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